

New member registration form

To the employer

To ensure that your employees are registered in the Construction Workers' Pension Scheme for pension, sick pay and death-in-service benefits the following information should be completed and returned to the Scheme address.

The fields marked with an asterisk * are mandatory fields.

All employee details must be supplied to the Scheme in order to complete registration.

Member details:

* Surname: _____ * First name: _____

* Date of birth: _____ * PPS number: _____

Occupation: _____ PAYE: YES _____ NO _____

*CWPS Registration Date: _____
(This is the date pension deductions will start)

* Home address: _____

Email: _____

Contact number: _____

Employer Details

Employer Name: _____

Address: _____

Employer CWPS Number: _____

For office use only

Date form received:

Member ID Number: