

Employer registration form for Limited Company

This form must be completed in full for Scheme registration (please complete in BLOCK CAPITALS).

Company Name:

As per CRO registration

Trading Name:

if different from Company Name

CRO registration No:

Company type:

Limited Co.

Un-Limited Co.

External Co.

(tick one)

Principal Business:

Company Address:

As per CRO registration

Correspondence Address:

if different from Company Address

Date Registered in CWPS

Telephone:

Mobile:

Fax:

Email:

Contact name:

Position:

Name of company secretary:

As per CRO registration

Name of directors:

As per CRO registration

Have any of the Directors of this company ever been a Director or Proprietor of a business previously registered in CWPS?

Yes

No

If yes, please give name and address of business:

This application must be accompanied by:

• Deed of Adherence

• New Member Registration Forms
for each employee

• Form with your bank details

Signature:

Position:

For office use only

Employer ID number:

Employer set up date:

Deed received:

Employee registration:

Bank details form:

Please return the completed form to:

Construction Workers' Pension Scheme

Canal House, Canal Road, Dublin 6

Telephone: (01) 497 7663 Extension 4900

Fax: (01) 496 6611 or Email: registrations@cwps.ie



Employer registration form for Sole Trader/Partnership

This form must be completed in full for Scheme registration (please complete in BLOCK CAPITALS).

Name of Firm:

Trading Name:

Business type: (tick one) Partnership Sole trader

Principal Business:

Business Address:

Correspondence Address:
if different from Business Address

Date Registered in CWPS

Telephone:

Mobile:

Fax:

Email:

Contact name:

Position:

Have you or any of your business partner(s) ever been a Director or Proprietor of a business previously registered in CWPS?

Yes No

If yes, please give name and address of business:

This application must be accompanied by:

- Deed of Adherence
- New Member Registration Forms
for each employee
- Form with your bank details

Signature:

Position:

For office use only Employer ID number: Employer set up date:

Deed received: Employee registration: Bank details form:

Please return the completed form to:

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