

Employer registration form for Limited Company

This form must be completed in full for Scheme registration.

Please complete this form in BLOCK CAPITALS

Company name: _____

As per CRO registration

Trading name: _____

If different from Company name

CRO registration No: _____ Company type: Limited Co.

(Tick one)

External Co.

Un-limited Co.

Principal business: _____

Company address: _____

As per CRO registration

Correspondence address: _____

If different from Company address

_____ Date registered in CWPS: ____/____/____

Telephone No: _____ Mobile No: _____

Fax No: _____ E-mail Address: _____

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 Form with your bank details
(For each employee)

Signature: _____ Position: _____

For office use only Employer ID No: _____ Employer set up date: ____/____/____

Deed received: Employee registration: Bank details form: