

# Employer registration form for Sole Trader/Partnership

**This form must be completed in full for Scheme registration.**

Please complete this form in BLOCK CAPITALS

Name of Firm: \_\_\_\_\_

Trading name: \_\_\_\_\_

Business type: Partnership  Sole trader   
(Tick one)

Principal business: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_

Correspondence address: \_\_\_\_\_  
If different from Business address

\_\_\_\_\_ Date registered in CWPS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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  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: