

PENSION PROVIDER'S ITIP REGISTRATION FORM

This form must be completed when the pension scheme pays a pension for the first time.

A PENSION SCHEME/ARRANGEMENT

Full Name of Scheme/Arrangement: _____

Income Tax Approval Reference Number: _____

B ADMINISTRATION

Full Name of Scheme Administrator(s): _____

Address(es): _____

C PAYROLL OPERATOR *(if different from B)*

Full Name of Payroll Operator(s): _____

Address(es): _____

D MEMBER'S DETAILS

Full Name of Member: _____

Tax Ref No / National Insurance No: _____

Address: _____

Date first pension due: ____ / ____ / ____ Amount of first pension: _____

Frequency of Payment: Annual / Bi-Annual / Quarterly / Monthly / Weekly *(underline as appropriate)*

If there is more than one member of the scheme, please use form T20/T21 for reporting the future commencement of pension payments to other members.

E Please tick the appropriate box if you have a **computerised payroll**

Bureau User

Software Written In-house

Bureau (provides service to user)

Software Purchased off the Shelf

F Signed: _____ Date: ____ / ____ / ____

Personal details on this form will be used by officers working in the Income Tax Division of The Treasury for the purposes of maintaining your Income Tax and National Insurance records. This information may also be shared with third parties such as those stated within the privacy notice below.

Privacy Notice: To find out more about how we collect and use personal information, contact our office or visit our website at: www.gov.im/treasuryprivacynotice. We will send you a paper copy if you telephone us or write to us using the contact details provided on this form.

FOR OFFICIAL USE ONLY

Package sent: _____ Date: ____ / ____ / ____