

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	<input type="checkbox"/>	Software Written In-house	<input type="checkbox"/>
Bureau (provides service to user)	<input type="checkbox"/>	Software Purchased off the Shelf	<input type="checkbox"/>

F Signed: _____ Date: ____ / ____ / ____

FOR OFFICIAL USE ONLY	
Package sent: _____	Date: ____ / ____ / ____