

Employer Contact and Signatory Form

Name or title of Employing Authority

Address:

CHIEF EXECUTIVE:

Name:

Email:

Signature:

Telephone Number:

PERSONNEL CONTACTS:

Name:

Email:

Signature:

Telephone Number:

Name:

Email:

Signature:

Telephone Number:

SALARIES AND WAGES CONTACTS:

Name:

Email:

Signature:

Telephone Number:

Name:

Email:

Signature:

Telephone Number:

Name:

Email:

Signature:

Telephone Number:

Employer Contact and Signatory Form

EQUALITY OFFICER CONTACT:

Name:

Email:

Signature:

Telephone Number:

EMPLOYER'S PENSION OFFICER OR NOMINATED REPRESENTATIVE:

Name:

Email:

Signature:

Telephone Number:

Name:

Email:

Signature:

Telephone Number:

AUTHORISED SIGNATURES

The following employees are authorised to sign pension documents on behalf of the above Employing Authority, and their signature is shown below.

Full Name	SPECIMEN SIGNATURE	EFFECTIVE DATE

Signed:

(Chief Executive)

Date: