

Application for admission body status



Name of proposed admission body:

Is the body a limited company?: Company number:

Yes No

Is the body a registered charity?: Charity number:

Yes No

Scheme employer that has awarded the contract and guarantor for the admission agreement:

Contact name at scheme employer:

Telephone number:

Email address:

Date contract signed:

Date contract commences:

Date contract due to cease:

Date staff transfer (if different):

Date from which the proposed admission body will provide services or assets in connection with the exercise of a function they are contracted to provide:

Is there provision for the contract to be extended past the expected cease date? (If yes, please provide details.)

This application is being made for admission body status by a body:

- that has a 'Community of Interest' with a scheme employer
- or, that will provide a service of a scheme employer by means of a contract
- or other (if so, please provide details)

- Is the agreement open or closed to new members? Open Closed
- Is the body to be 100% funded at commencement? Yes No % Please state percentage.
- Is a bond/indemnity (delete as appropriate) guarantee required? Yes No
- If 'yes', please confirm the level of the security (if known)

Contact details for main contact at the proposed admission body to be held by Bedfordshire Pension Fund for the purposes of this application:

Contact name:

Telephone number:

Address

Email address

Contact name of proposed admission bodies payroll provider:	Telephone number:
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	
Email address	
<input type="text"/>	

Disclaimer

In our opinions, our organisation has the financial strength to meet the financial obligations it will incur by being an admission body employer in Bedfordshire Pension Fund:

Yes No

We are happy for Bedfordshire Pension Fund to provide the “guarantor” at any time, with information relevant to covenant strength of the proposed admission body, which may include deficits, recovery periods, etc.:

Yes No

Signature:	Job title:
<input type="text"/>	<input type="text"/>
Print name:	Date:
<input type="text"/>	<input type="text"/>

All boxes must be completed before submission.