

**MC TRUSTEES LIMITED  
SMALL SELF ADMINISTERED PENSION SCHEMES  
QUESTIONNAIRE**

<b>COMPANY INFORMATION</b>	
Company Name	
Company Registered Number	
Registered Office Address	
Company Year End	
Associated Companies	
Company's Bank Name and Address	
Company Accountant's Name and Address	
<b>SCHEME INFORMATION</b>	
Full Names and Home Addresses of Trustees	
Scheme Name	

<b>DIRECTOR INFORMATION</b>	
Director's Names and Percentage Shareholding	

PLEASE ATTACH A COPY OF THE COMPANY'S ARTICLES OF ASSOCIATION TO THIS FORM

Signed .....

For and on behalf of ..... (Company)

Date ...../...../.....

Please return completed form to :

MC Trustees Limited  
Enterprise House  
Meadow Drive  
Hampton in Arden  
West Midlands B92 0BD  
Tel : 01675 444600  
Fax : 01675 444601  
Email : [mail@mctrustees.co.uk](mailto:mail@mctrustees.co.uk)

**MC TRUSTEES LIMITED  
SMALL SELF ADMINISTERED PENSION SCHEMES  
PERSONAL INFORMATION  
QUESTIONNAIRE**

<b>Full Name of Member</b>	
Percentage Shareholding in SSAS Principal Employer	
Home Address including post code	
Date of Birth	
National Insurance Number	
Date of Joining Company	
Date of Birth of Spouse (if applicable)	
If you have children, please state their ages	

Signed .....

Date ...../...../.....

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