



R. M. Rahim & Co.

Chartered Accountants & Business Advisers

AUTO ENROLMENT PENSIONS DATA CAPTURE FORM

Please ensure you have **all** the requested information attached/filled in to this form when you send it back to us. The quality of the data is essential to a successful setup of Auto Enrolment.

DETAILS REQUIRED	INPUT	CHECK
EMPLOYER/BUSINESS NAME ALONG WITH NAME OF PARTNER/INDIVIDUAL/DIRECTOR TAKING CARE OF AUTO ENROLMENT:	Business Name/Employer: Contact for Auto Enrolment with email address:	
YOUR STAGING DATE: This is the date your pension scheme has to be up and running by. If not filled for you, please locate this on letters sent to you by The Pensions Regulator	<i>IF YOU DON'T HAVE A LETTER FROM THE PENSIONS REGULATOR, WE WILL OBTAIN THIS DATE FOR YOU</i>	
LETTER CODE: You can find this on any letters sent to you by The Pensions Regulator.	<i>IF YOU DON'T HAVE A LETTER FROM THE PENSIONS REGULATOR, WE WILL OBTAIN THIS DATE FOR YOU</i>	
ID REQUIRED: We require these to set up your scheme. Please send to us in full as required with this form.	<u>Per Partner/Director:</u> -Copy of photographic ID (passport or drivers license) -National Insurance Number -A copy of a utility bill showing proof of residential address -Date of birth <u>Business ID Required:</u> -A copy of recent utility bill showing business address	
BANK DETAILS: Please give details of the account you want to pay the pensions contributions from, should your employees be enrolled or wish to opt in.	Bank Name: Account Name: Account Number: Sort Code:	
ALL EMPLOYEE EMAIL ADDRESSES: If employee doesn't have an email address, please provide updated postal address. Feel free to use your own page for this if more convenient. IF EMPLOYEE EMAIL ADDRESSES HAVE ALREADY BEEN PROVIDED LEAVE THIS BLANK	Example Employee – Example.employee@email.com	✓