

Employer Contact and Signatory Form

This completed form should be emailed to info@nilgosc.org.uk.

Name or title of employer

General email address

General telephone number

Address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Chief Executive

Name

Email

Signature*

Telephone number

Human Resources 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



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

iConnect contact

Name

Email

Signature*

Telephone number

Position*

**Authorised signatories**

The following employees are authorised to sign pension documents on behalf of the above Employing Authority.

Full Name	Effective Date	Telephone number	Email

Signed*

Date

(Chief Executive)

** By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*