

Please complete this form electronically so we can update our records.
Send the completed form to pensions.technical@norfolk.gov.uk

Name of Employer **Employer Code**

Pensions Liaison Officer (PLO) (Employer contact):

Name **Title**

Position **Telephone**

Address

Email Address

If you are the sole contact, please complete the Pension Liaison Officer Contact details, tick this box and sign the Declaration overleaf

There is no need to complete any further contact details

Human Resources Officer (for day-to day work queries regarding members):

Name **Title**

Position **Telephone**

Address

Email Address

Financial Contact (Chief Finance Officer):

Name **Title**

Position **Telephone**

Address

Email Address

Contributions Contact (General queries regarding contribution payovers, year end, payroll etc):

Name	<input type="text"/>	Title	<input type="text"/>
Position	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Email Address	<input type="text"/>		

FRS102 Contact

(Where FRS102 report is required at your financial year end. If you are in any doubt please contact your auditors):

Name	<input type="text"/>	Title	<input type="text"/>
Position	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Email Address	<input type="text"/>		

Chief Executive Officer

Name	<input type="text"/>	Title	<input type="text"/>
Position	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Email Address	<input type="text"/>		

Any employer details provided in 'Other Contact' will be included in the Norfolk Pension Fund's distribution list for employer notifications only.

Other Contact

Name	<input type="text"/>	Title	<input type="text"/>
Position	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
Email Address	<input type="text"/>		

Other Contact

Name

Title

Position

Telephone

Address

Email
Address

Other Contact

Name

Title

Position

Telephone

Address

Email
Address

Other Contact

Name

Title

Position

Telephone

Address

Email
Address

Declaration by Pensions Liaison Officer

I confirm I am authorised to complete this form on behalf of an Employer participating in the Norfolk Pension Fund. **Input your email address in the 'Signed' box:**

Signed

Date

 /

Contact
Name

Telephone

Please complete this form electronically and email to:
pensions.technical@norfolk.gov.uk