Employer Web
User Declaration Form

SOUTH YORKSHIRE PENSIONS AUTHORITY

SECTION 1 — Declaration

Authorisation for use by

Date

SECTION 2 — New user details

I acknowledge receipt of the SYPA Employer Web Usage Policy and agree to comply with it.

Name

Job Title

Email Address

Tel. No

Employer Name/s
Employer Name/s (please list all Employer names you require access for including Employer Code (if known).

Required Security Question*
(2-40 characters. Must not contain any special characters)

Required Security Answer*
(3-20 characters. This field is case-sensitive. It must not contain any special characters or spaces, but may contain under_scores)

SECTION 3 — Further instructions

Once completed please use the Save As option and upload the file via the file upload section.

If you have any problems please contact;

**ICT Dept.
Oakwell House,
Beevor Court,
Pontefract Road,
Barnsley,
S71 1HG
Tel: 0300 303 6160**