New Admission Body Requests



Form

This form should be used by an LGPS outsourcing employer to notify South Yorkshire Pensions Authority of the outsourcing of a service or function. **Sections 8 and 9 will need to be completed by the contractor.** Once complete please return this form along with a completed member data file to *support@sypa.org.uk*

Name of outsourcir (the scheme emplo	g employer yer that has awarded the contract)
Registered office	
Company number	

It is important that you complete the contact information in full:

SECTION 1	Contact	details o	foutsourc	ing emp	loyer to REVI	EW the Ac	dmission A	greement
Name of main contact					Job title/ position			
Email					Telephone No			
	Cantaat		6t	•		1 4 h a A aluaa		-
SECTION 2	Contact	details o	t outsourc	ing emp	loyer to SIGN	i the Adm	ission Agr	eement
Name of main contact					Job title/ position			
Email					Telephone No			
	C							
SECTION 3	Service	contract	details					
Service contract sta	art date				Date of TUP	E transfer		
Number of TUPE st	aff				Length of co	ontract		
Details of service co	ontract Clea	aning/cateri	ng etc:					
SECTION 4	Billing	ddress fo	or rechargi	na actu	arial and lega	l fees		
	2							
Contact					Title			
Address								
Email								
SECTION 5	Contrac	tor detai	lc					
SECHONS	contrac							
Has the contract be	en awardeo	d Yes	No					
Will the contractor b	e applying	for Admitte	d Body statu	is in the f	und? Yes	No		
Is the body a limited	d company?	P Yes	No					
Passthrough is the default approach for the admissions of all new contractors in the fund. For avoidance of doubt, this would apply to contracts establish by Councils, Police and Fire Authorities and Academy Trusts ("the Ceding employer") Please refer to our Funding Strategy Statement <i>here</i>								
Is the agreement op	pen or close	ed to new m	nembers?	Open a	greement	Closed	agreement	
Please refer to the e How to become a S							actuarial fee	S.

Continued overleaf >>

It is important that you complete the contact information in full:

SECTION 6	Details of new contractor
Name of contractor	
Registered address	
Company number of	contractor

SECTION 7	Main contact details of contractor
Name	
Job title/position	
Email	Telephone No
SECTION 8	Contact details of contractor to REVIEW the Admission Agreement
Name	
Job title/position	

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Telephone No

SECTION 9	Contact details of contractor to SIGN the Admission Agreement
Name	
Job title/position	
Email	Telephone No

Please use the space below to provide any additional information on the contract

SECTION 10

Further Instructions

Once completed can you please email the form to support@sypa.org.uk

If you have any problems please contact;

South Yorkshire Pensions Authority, Oakwell House, Beevor Court, Pontefract Road, Barnsley, S71 1HG. Tel: 0300 303 6160

Data Protection

The Audit Commission appoints an auditor to audit our accounts. It is also responsible for carrying out data matching exercises. The Audit Commission currently requires the authority to participate in a data matching exercise to assist in the prevention and detection of fraud. For more information, see http://www.sypensions.org.uk/Home/Disclaimer