

A large green circle graphic is positioned in the lower right quadrant of the page. It contains the text "NEW SSAS APPLICATION" in white, uppercase, sans-serif font. The background of the page features a blurred image of green plants and buds, with the green circle overlapping the right side of this image.

## NEW SSAS APPLICATION

We're here to help should you have any queries.  
Call us on 0117 457 7784.

**This form should be completed by the principal employer to establish a SSAS with Morhart Pension Services Ltd ('Morhart').**

The form should be completed in conjunction with a Member Application Form.

Both forms should be sent to:

Morhart Pension Services Ltd  
Unit G6, Temple 1852  
Lower Approach Road  
Temple Meads  
Bristol  
BS1 6QS

**If you have any queries regarding the completion of the form, please contact the Morhart team on 0117 457 7784.**

## Form Sections

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- 1 Principal Employer Details
- 2 Principal Employer Directors
- 3 Principal Employer Bank Details
- 4 Participating Employer
- 5 Financial Adviser
- 6 SSAS Name & Contact Details
- 7 SSAS Membership
- 8 Declaration

# 1 Principal Employer Details

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**Please complete all details in this section; this will be the principal employer for the SSAS.**

Principal employer name  
Registered office address


Postcode

Trading address  
*(if different to above)*

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Postcode

Telephone number

--	--

Email address

--	--

Accounting date

--	--

Company registration number

--	--

Date established

--	--

Date commenced trading

--	--

Nature of business

--	--

Auditor

--	--

Auditor contact name

--	--

Auditor address

--	--

Postcode

Number of employees

--	--

Is the company registered for tax with HMRC?

Yes

No

PAYE reference

--	--

VAT reference

--	--

Corporation tax reference

--	--

Unique Tax Reference

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## 2 Principal Employer Directors

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**If there are more than four directors of the principal employer, please provide the details separately.**

Full name	
Date of birth	
National Insurance Number	
Unique Tax Reference	

Full name	
Date of birth	
National Insurance Number	
Unique Tax Reference	

Full name	
Date of birth	
National Insurance Number	
Unique Tax Reference	

Full name	
Date of birth	
National Insurance Number	
Unique Tax Reference	

## 3 Principal Employer Bank Details

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**To help us verify the source of any future employer related pension contributions, please could you provide us with details of the employers' bank account.**

Account name	
Account number	
Sort Code	

## 4 Participating Employer

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**Complete this section if the SSAS will have more than one participating employer. If there will be more than two participating employers, please provide the details separately.**

Participating employer name		
Registered office address		
	Postcode	
Company registration number		
Number of employees		
Is the company registered for tax with HMRC?	Yes	No
PAYE reference		
VAT reference		
Corporation tax reference		
Unique Tax Reference		

## 5 Financial Adviser

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**Complete this section if you have a financial adviser.**

Adviser name		
Adviser firm		
Adviser address		
	Postcode	
Adviser telephone number		
Adviser email address		
FCA Authorised number		
Company registration number		
Would you like us to accept investment instructions from the adviser?	Yes	No



## 8 Declaration

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- We hereby request that Morhart establish a SSAS for us and we appoint Morhart as the Practitioner for the SSAS.
- We declare that the information provided in this application, is accurate and complete.
- We appoint Grace Trustees Ltd ('Grace') as the professional Trustee of the SSAS.
- We confirm that we have received and understood the SSAS Application form, the Scheme Rules, the Terms and Conditions, Key Features and SSAS Fee schedule.
- We understand and acknowledge that Morhart have not provided us with any financial advice in relation to the SSAS or any of its investments.
- We agree and consent to Morhart carrying out checks on the company's identity and address.
- We agree to establish a pension bank account with Cater Allen Private Bank. This will act as the principal bank account for the SSAS.

Full name		
Signature		
Date		
Role	Director	Company Secretary

Full Name		
Signature		
Date		
Role	Director	Company Secretary