



AUTHORISATION APPLICATION FORM

Please use **BLOCK CAPITALS**

1. Name of IORP: _____

2. Pensions Board Registration Number: _____

3. Is the actuarial funding certificate attached? (If applicable)

Yes No

If no, please state reason:

I/We the trustees confirm that I/we are in compliance with the following parts of the Pensions Act (as applicable):

- (a) Disclosure Requirements under section 54 of the Act and regulations made thereunder;
- (b) Trustee Requirements under section 59A of the Act and regulations made thereunder;
- (c) Remittance of contribution requirements under section 58A of the Act;
- (d) Funding requirements under section 44 of the Act and regulations made thereunder.

Declaration:

I/We submit the above application and declare that, to the best of our knowledge and belief the information given in this application form is correct and complete.

Signed by all trustee(s)	Print name

This form must be signed by the trustee(s).

Date of application _____

To be returned to:

The Pensions Board
Verschoyle House
28/30 Lower Mount Street
Dublin 2.
Fax: 01 6318602
Email: info@pensionsboard.ie