



APPLICATION FORM

For approval of Qualifications and Experience in accordance with the
Occupational Pension Schemes (Trustees) Regulations, 2005

Please use **BLOCK CAPITALS**

1. Name of scheme:
2. Pensions Board registration number:
3. Personal details:
 - 3.1 Individual's full name:

<i>Title</i>	<i>Surname</i>
Mr/Mrs/Ms/Miss	

Forename(s)

- 3.2 *Former names (if any)*
-

Date of change of name (if any)

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- 3.3 *Date of birth*
- | | | |
|--|--|--|
| | | |
|--|--|--|

- 3.4 *Contact details*
- | |
|-------------------|
| Private address: |
| Home tel. no. |
| Business tel. no. |
| Mobile tel. no. |
| Fax no. |
| Email: |



4. Indicate fully qualifications and experience relevant to advising on the investment of the resources of a pension scheme and to the investing of pension scheme resources.

4.1 Experience

Please provide details of your employment history, starting with your most recent employment which you think relevant to advising on investment of the resources of a pension scheme. Please also provide the name, position and contact details of a suitable referee for the employments listed.

<i>Date from/to (month/year)</i>	<i>Employer's Name, Address and Business</i>	<i>Position Held</i>



4.2 Qualifications

Please provide full details (not abbreviations) of any relevant professional business qualifications and/or memberships of any professional bodies, exchanges or associations obtained together with supporting documentary evidence. List also any other relevant training.

Qualification	Date Obtained

Memberships	Date Joined

Other Relevant Training	Date Undertaken



5. Have you been prohibited or suspended from practising any investment activity in any country?

Yes No

If yes, please provide full details:

6. Have you been criticised or censured by any professional body to which you belong or formerly belonged?

Yes No

If yes, please provide full details:

Declaration:

I submit the above Application Form and declare that, to the best of my/our knowledge, information and belief, the information which it contains is accurate. I agree that, where it deems it appropriate, the Pensions Board may contact the referees listed above for detailed reference.

Signed: _____

Date: _____

To be returned to:

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