Application Form

Please complete the details below (you are required to complete those marked *)



Your details

*Yours oursesse	Vour data of hinth
*Your surname: *Your first name:	Your date of birth:
	Your telephone number: Your email address:
Your title: *Your address:	
* Tour address:	How would you like us to contact you?
	Do you need information in another language or format Yes/No (eg large print)?
	If yes, please give details:
*Your postcode:	
Representative details	
Is someone representing you?	Yes/No
(Please note, if someone is representing you we will correspond	only with them.)
Name:	Telephone number:
Address:	Email address:
Postcode:	
Your complaint or dispute details	
four complaint or dispute details	
*Name of scheme or policy number(s):	
*Please tell us the name and address of who you are com (Before contacting the Ombudsman, you should complain in writ The Ombudsman will not normally be able to consider your com	ing to the people or bodies you would like to complain about.
Employer:	Trustees:
Scheme Managers:	Scheme Administrators:

Have you referred your complaint to the Pensions Advisory Service?	Yes/No
You may find it useful to do so before contacting us.)	
Can we request your papers from them?	Yes/No
What is your Pensions Advisory Service reference number?	
Has a Court or Tribunal been involved in your complaint? If yes, please provide details and any supporting documents.)	Yes/No
Please summarise your complaint	
Please complete this part even if you have referred the matter to the Pensions A documents. It may help you to list what each party has done wrong. Please provi	
1y complaint is	
When did you first become aware of this matter?	
When did you first become aware of this matter?	
When did you first become aware of this matter? Please detail the injustice you have suffered	
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