

Application to make a formal complaint of maladministration

Before you fill in this application, please read our guidance note **'How we deal with your concerns'**.

It is important that you read the guidance note as we can deal with some disputes quickly and easily. Also, if you want to make a formal complaint, you can only

do this in writing by sending us a correctly filled-in application. If you make any mistakes while filling in the form, this may lead to delays in the process or you may lose the right to make a complaint.

Please fill in this form using CAPITAL LETTERS.

Part 1: Your details

1 Pension scheme registration number

2 Name of the pension scheme

3 Are you, or are you representing (please indicate):

a trustee?

a manager?

an employer?

a scheme member?

someone else?

4 Title (Mr, Mrs, Miss, Ms)

Surname

First Name(s)

5 Address

Postcode

If you are a representative, is the address to be used for the purposes of the complaint?

Yes

No

6 If you are complaining about this matter for a second time, please say when we issued the first decision.

Date

7 Are you representing yourself in this application or are you representing another person?

Myself (See part 2)

Another person (See parts 2 and 3)

Part 2: About the complaint

8 Please explain why you are making a complaint (attach an extra sheet if necessary).

9 Please give the date on which you, or the person you are representing, first became aware of the act or omission detailed in 8.

Date | | |

10 Your signature (if you are representing yourself)

Part 3: Representation details

12 Name of the person you are representing
(see the note below)

13 Address of the person you are representing

Postcode | | | | |

14 Representative's signature

Date | | |

Note: The person you are representing must have sent us a written notice appointing you to act as his or her representative. If the person you are representing has not already done this, they should fill in and sign the following section.

I appoint the person named in part 1 of this form to act as my representative in this application.

Signature

Date | | |

Send the application form to:
Pension Protection Fund
Knolly's House, 17 Addiscombe Road
Croydon, Surrey CR0 6SR