



Employer Information Form:

Client Name: Address Line 1: Address Line 2: Postcode: Date Of Birth: Contact Number:	
Employer/Nominee Details:	Name: Mobile: Email:
Emergency Contact Details:	Name: Mobile: Email:

**Client Signature:
(If Applicable)**

Date:

Employer/Nominee Signature:

Date:

By completing this form, you agree for ILBP Ltd to hold and share your information with appropriate people, i.e. HMRC, The Pension Regulator, Local Authorities and Prospective Employees.