



**Employer Information Form:**

Client Name: Address Line 1: Address Line 2: Postcode: Date Of Birth: Contact Number:	
Emergency Contact Details:	Name: Mobile: Email:
Authorised Person Details:	Name: Mobile: Email:

**Employer Signature:**

**Date:**

**Authorised Person 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.**