



Partnership pension – Employer and payroll code application form

(for use when applying for codes for the first time or when changing payroll provider)

Employer:

Name

Address

Postcode

Please indicate if the code is for a
PCSPS employer or by-analogy

Employer contact:

Name

Job Title

Phone Number

Email

Payroll provider

If changing payroll provider please give the name of the new provider

Name

Address

Postcode

Payroll provider contact

Name

Job Title

Phone Number

Email

**If changing payroll provider please
give the date the contract starts**

Form completed by

Name

Employer

Phone Number

Email

Date

Please email to: employerhelpdesk@cabinetoffice.gov.uk