

**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:**

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

**Employer contact:**

**Name:**

**Job Title:**

**Phone Number:**

**Email:**

**Payroll provider name and address** (if changing payroll provider please give the name of the new provider)

**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](mailto:employerhelpdesk@cabinetoffice.gov.uk)

