



# Partnership pension – Employer and payroll code application form

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