

**CHESHIRE PENSION FUND
NOTIFICATION OF AMENDMENT**



EMPLOYER DETAILS			
Employer :		Employer Code :	
Department :			

MEMBER DETAILS (All date fields are formatted as dd/mm/yyyy)			
NI Number :		Payroll Number :	
Title :		Forenames :	
Surname :		Date of Birth :	

AMENDED DETAILS				
CHANGE TYPE	CHANGE FROM	CHANGE TO	DATE OF CHANGE	REASON FOR CHANGE
Surname :				
Payroll Number :				
Contribution Rate % :				
CHANGE TYPE	CHANGE FROM	CHANGE TO	DATE OF CHANGE	CHANGE DUE TO ILL HEALTH
Hours of Work:				
Contractual Days/Weeks per year: (if applicable)				

Note : Including changes from contract to variable – where hours have been variable going on to fixed contract hours please supply average hours for variable period with this form. Variable average hours for each financial year end will be required when fixed hours end and variable commence.

ADDRESS CHANGE FROM	ADDRESS CHANGE TO	DATE OF CHANGE
Postcode :		Postcode :

AUTHORISATION			
Certifying Officer :		Date :	
Job Title :		Telephone Number :	

Please return to:

Cheshire Pension Fund, The Portal, Wellington Rd,
Ellesmere Port, Cheshire, CH65 0BA.