

Applicant questionnaire to join the Kent Pension Fund (with guarantee)

Information required in respect of the admission of an employer to the Kent Pension Fund (June 2022)

Please answer all questions

If you need help completing this questionnaire, contact the Treasury and Investments Team – call: 03000 420660 or email [investments.team@kent.gov.uk](mailto:investments.team@kent.gov.uk)

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|  | Questions | Answers | Treasury and Investment team use only |
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|  | GENERAL INFORMATION |  |  |
| 1. | Please provide contact details for the person completing this application, including   1. Contact name 2. Position in your organisation e.g. Director/Company Secretary 3. Full postal address 4. Direct telephone number 5. E-mail Address |  |  |
| 2. | State the subject matter of the commercial contract relating to this application e.g. provision of catering services, security services, provision of meals, cleaning services etc. |  |  |
| 3. | State the   1. Name; 2. Address; 3. Contact name; 4. Contact e-mail.   for the organisation/body/local authority that is awarding the commercial contract. |  |  |
| 4. | State the name and address of the organisation/body/local authority from which the staff are transferring into your employment (i.e the Scheme employer) pursuant to TUPE. TUPE means the Transfer of Undertaking (Protection of Employment) Regulations 2006 (as amended). |  |  |
| 5. | State the   1. name; 2. address   of the organisation/body/local authority that is awarding the commercial contract if different from the Scheme employer mentioned in question 4 above. |  |  |
| 6. | TUPE transfer date  (this is the date staff will transfer/did transfer to the Admission body (i.e. your organisation) from their former employer.  Please note a TUPE transfer occurs as a matter of law, usually when the responsibility for service provision transfers and is not dependant on when the commercial contract is signed. |  |  |
| 7. | Admission Agreement, will this be:  *CLOSED* i.e. only covering the group of employees transferring to your organisation on the TUPE transfer date referred to above.  OR  *OPEN* i.e. an open agreement that allows employees that become involved in the provision of the transferring services after the TUPE transfer date to be added to those employees that originally transferred to your organisation on the TUPE transfer date as a result of the original awarded contract. | Closed  Open |  |
| 8. | State in relation to your orgainisation, by reference to Companies House:   * 8.1 the registered name of your organisation * 8.2 the registerred office of your organisation * 8.3 the company number of your organisation. | 8.1  8.2  8.3 |  |
| 9. | Is the your organisation the same as the organisation to whom the contract has been awarded? | Yes If ’Yes’, go to question 12  No  If ‘No’, answer questions 10 and 11. |  |
| 10. | If your answer to question 9 above is ‘No’, please state the reason(s) why it is different and the relationship between the two organisations. |  |  |
| 11. | If your answer to question 9 above is ‘No’, please state the   1. Contact name 2. Position in that organisation e.g. Director/Company Seretary; 3. Full postal address; 4. Direct telephone number; 5. E-mail Address;   of the organisation to whom the Commercial Contract has been awarded. |  |  |
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|  | LGPS AND CONTRACTUAL INFORMATION |  |  |
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| 12. | Under precisely which sub-paragraph of the Local Government Pension Scheme Regulations 2013 is admission sought? Please answer all of the questions below. Please note that your admission application cannot be progressed without all of the questions below in this Box being answered and/or until the information requested is provided.   1. Schedule 2 Part 3 paragraph 1 a, b,c (i) or (ii) or (d) (i), (ii) or (iii) or e? 2. If admission is sought under paragraph 1d, please confirm you understand the requirements of the Local Government Pension Scheme Regulations 2013 (as amended) ?   Note: These Regulations are available at  <http://www.lgpsregs.org/index.php/regs-legislation/timeline-regulations-2014>  If the admission is sought under paragraph 1d, please provide the following details from the signed and dated outsourcing contract/commercial contract signed between the parties:   1. The name of the parties; 2. The date of the contract; 3. the commencement date (i.e the date service provision commences by your organisation); 4. the end date 5. the definitions section of the contract; 6. the contractual term i.e. the duration of the contract; 7. description of or means of identifying the services to be provided under the contract e.g. catering/cleaning; 8. information identifying the which organisations will receive the services as defined in your commercial contract; 9. any clauses relating to possible extensions of the contractual term; 10. any clauses and/or schedules relating to TUPE; 11. any clauses and/or schedules relating to pension provision for the transferring employees; 12. the execution clauses (signing and/or sealing of the contract); i.e.either executed by Directors shown at Companies House as active Directors (or otherwise please provide your organisations scheme of delegation to who has executed the commercial contract). 13. the front page of the contract; and 14. the contents page of the contract.   If necessary hard electronic copies of the above documents should be be uploaded with this questionnaire which support each of the answers in Q12. Commercially sensitive information may be redacted. | Choose an item.  Yes  No  b) |  |
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|  | EMPLOYEE INFORMATION |  |  |
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| 13. | For each employee who is entitled to continued membership of the LGPS upon transfer to your organisation and who is currently an active member of the LGPS, please provide |  |  |
|  | 1. Their date of birth (redacting out any 2 figures and replacing with an x) e.g. 2x.06.198x |  |  |
|  | 1. Their Gender as M or F |  |  |
|  | 1. Their National Insurance number (redacting out any 2 letters or figures and replacing with an x) e.g. Nx6342xD |  |  |
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|  | Details of Employee no.1 |  |  |
|  | Details of Employee no.2 |  |  |
|  | Details of Employee no.3 |  |  |
|  | Details of Employee no.4 |  |  |
|  | Details of Employee no.5 |  |  |
|  | Details of Employee no.6 |  |  |
|  | Details of Employee no.7 |  |  |
|  | Details of Employee no.8 |  |  |
|  | Details of Employee no.9 |  |  |
|  | Details of Employee no.10 |  |  |
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|  | For each employee who is entitled to continued membership of the LGPS upon transfer to your organisation and who is not currently an active member of the LGPS, please provide |  |  |
|  | 1. Their date of birth (redacting out any 2 figures and replacing with an x) e.g. 2x.06.198x |  |  |
|  | 1. Their Gender as M or F |  |  |
|  | 1. Their National Insurance number (redacting out any 2 letters or figures and replacing with an x) e.g. Nx6342xD |  |  |
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|  | Details of Employee no.2 |  |  |
|  | Details of Employee no.3 |  |  |
|  | Details of Employee no.4 |  |  |
|  | Details of Employee no.5 |  |  |
|  | Details of Employee no.6 |  |  |
|  | Details of Employee no.7 |  |  |
|  | Details of Employee no.8 |  |  |
|  | Details of Employee no.9 |  |  |
|  | Details of Employee no.10 |  |  |
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|  | CONTRACT DURATION INFORMATION |  |  |
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| 14. | State the anticipated duration of the contract i.e. the precise period between the commencement of the contract and the end of the contract. |  |  |
| 15. | Is the contract likely to be extended? | Yes /  No |  |
| 16. | State the length of any contract extension permissible under the contract. |  |  |
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|  | INFORMATION ABOUT GUARANTEE |  |  |

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| 17. | **If requesting a Guarantee please complete Boxes 17 to 25**  Please note that in accordance with the requirements of the LGPS Regulations.the Guarantee Provider (the Guarantor) must be   1. the Scheme Employer, or 2. a person or organisation who owns your organisation, or controls or funds your organisation; or 3. the Secretary of State.   Please say whether your proposed Guarantor falls within (a), (b) or (c) above. If you select (b) or (c) we may well ask for further evidence in support of your request.  Guarantor’s name (as given at Companies House if applicable)  Contact Details   1. contact name, 2. telephone, and 3. email address. |  |  |
| 18. | Guarantor’s registered address:  (as given at Companies House if applicable). |  |  |
| 19. | Guarantor’s address for service of documents relating to the Guarantee. |  |  |
| 20. | Company registration number, as given at Companies House, of Guarantor (if applicable): |  |  |
| 21. | (a) Amount of Guarantee  (b) Start date of Guarantee  (c) Duration of Guarantee | £ |  |
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| 22. | Please attach a list of the your organisations authorised signatories for the purposes of signing this application and for executing the admission agreement and Guarantee. If those named are not Company Directors or the Company Secretary named at Companies House please provide a scheme of delegation or a letter of delegation in either case signed by a Company Director authorising those individuals to sign contracts executed as Deeds. |  |  |
| 23. | Fees are payable for the Actuary’s report and related correspondence (details are available on our website: [Kent Pension Fund](https://www.kentpensionfund.co.uk/local-government/becoming-a-fund-employer/schedule-of-fees)). Please state who will be paying these fees and provide their contact details i.e.   1. name; 2. address; 3. telephone number. |  |  |
| 24. | Fees are payable for our Legal Fees and related correspondence (details are available on our website: [Kent Pension Fund](https://www.kentpensionfund.co.uk/local-government/becoming-a-fund-employer/schedule-of-fees)). Please state who will be paying these fees and provide their contact details i.e.   1. name; 2. address; 3. telephone number. |  |  |
| 25. | Please confirm if there is a cap and collar or pass through arrangement between the Scheme employer and the Admission body and if so please provide a copy of what has been agreed, executed by both Parties. | Cap and collar  Pass through arrangement |  |
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|  | CONFIRMATION OF EDUCTION AND SKILLS FUNDING AGENCY (ESFA) APPROVAL | ONLY AMSWER THE QUESTION IN THIS BOX WHERE THE ORGANISATION IN BOXES 4 OR 5 IS AN ACADEMY TRUST |  |
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| 26. | Please confirm that ESFA has given its approval to the Acdemy Trust that it may enter this Guarantee. | Y/N |  |
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|  | STATEMENT OF COMPLIANCE |  |  |
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| 27. | Please confirm that you understand all the rights and responsilbilities of becoming an Admitted body within the Kent Pension Fund before signing the declaration below. | Yes |  |

DECLARATION

I hereby confirm that, to the best of my knowledge and belief, the above information (including any appendices or additional information) is true, correct and complete.

Signed:

Name: (in capital letters)

Position: (in capital letters)

Dated: