

Application for review of a compliance or penalty notice

issued under the Occupational Pension Schemes (Charges and Governance) Regulations 2015

Please complete all sections of this application and provide supporting evidence if you want us to carry out a review of our decision to issue a Compliance Notice, a Third Party Compliance Notice or a Penalty Notice.

This form can be:

- ▶ completed electronically using Adobe Reader (version 8 and above) and emailed to regulatorytransactions@tpr.gov.uk; or
- ▶ printed, completed by hand (please use block capitals) and posted to The Pensions Regulator, Napier House, Trafalgar Place, Brighton BN1 4DW

For more information on making a review application, please visit www.tpr.gov.uk/comply-dc and www.tpr.gov.uk/appeal. **We may not be able to consider your review application if you do not complete all sections of this form.**

Part 1. Statutory notice to be reviewed

Notice reference number:

Date of issue:

Name of scheme the notice
relates to:

The Pensions
Regulator

Part 2. Applicant details

Name of applicant:

Position:

Name of organisation
(where relevant):

Address (including
postcode):

Contact telephone number:

Contact email address:

Please confirm if you are willing for us to respond to this review application, including acceptance of service of any Statutory Notice that may result, by email: Yes No

Part 3. Recipients of the notice on behalf of whom the review application is being made

Please give details of any person to whom the notice was issued and who wishes to request a review. Please confirm that:

- ▶ those persons are willing for us to respond to this review application, including acceptance of service of any Statutory Notice that may result, by email to the address entered below: Yes No
- ▶ they have authorised you to confirm this: Yes No

Please note that, where we receive a review application from only one or some of the recipients of the notice, we may consider it appropriate to notify the other recipients that we have received a review application and invite any additional representations. In some cases we may consider it appropriate to share a summary of the representations received with the other recipients, in which case we will first notify the applicant of our intention.

Recipient 1 Name:

Address (including
postcode):

Contact telephone number:

Contact email address:

Recipient 2 Name:

Address (including
postcode):

Contact telephone number:

Contact email address:

Recipient 3 Name:

Address (including
postcode):

Contact telephone number:

Contact email address:

If there are additional persons to whom the notice was issued and on behalf of whom this review application is being made, please tick this box and provide further details at the end of Part 4.

Part 4. Reason for application

Please explain as fully as possible why the recipient(s) listed in Part 3 is applying for the notice to be reviewed (attach extra sheets if necessary). Please also include any necessary supporting documents in support of the application. You can find guidance on applying for a review and the documents you may need to provide at www.tpr.gov.uk/dc-review.

Part 5. Declaration

Please tick this box to confirm that the information you have provided is true and correct to the best of your knowledge and belief.

Please tick this box to confirm you have authority to submit this review application on behalf of each recipient of the notice who is listed in Part 3 (and Part 4 if additional recipients listed there).

Please tick this box to confirm you understand that it is an offence to knowingly or recklessly provide false, or misleading information, to The Pensions Regulator.

Name

Name of organisation (where relevant)

Date