



YOUR DETAILS – Please complete in capitals	
Title:	
Surname:	
First Name(s):	
NI Number:	
Date of Birth:	
Employer:	
Payroll Number:	
Email address:	
	e a contract of more than 3 months and wish to join the Local Government administered by Tayside Pension Fund.
Signature	
Date	

Please complete, sign and return this form to your Employer's Payroll Team. On receipt they will calculate the percentage deduction to be applied and commence this deduction from the next available pay.