

Stage 1 Dispute Form



SOUTH YORKSHIRE
PENSIONS AUTHORITY

Please complete this form in **BLOCK CAPITALS** using **BLACK INK**

SECTION 1 Member Details - This section must be completed

National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title	<input type="text"/>
Surname	<input type="text"/>			Forename(s)	<input type="text"/>						
Home Address (including post code)	<input type="text"/>										
Daytime Tel. No.	<input type="text"/>			Mobile Tel. No.	<input type="text"/>						
Personal Email Address	<input type="text"/>										
Pay or Pension Number	<input type="text"/>				Date of Birth	<input type="text"/>					
Employer	<input type="text"/>										

SECTION 2 Dependant's Details - Only complete this section if the dispute relates to a dependant's benefit

Surname	<input type="text"/>			Forename(s)	<input type="text"/>					
Title	<input type="text"/>	Home Address	<input type="text"/>							
	<input type="text"/>						Post Code	<input type="text"/>		
Home Tel. No.	<input type="text"/>			Mobile Tel. No.	<input type="text"/>					
Daytime Tel. No.	<input type="text"/>			Personal Email Address	<input type="text"/>					
Relationship to member	<input type="text"/>				Date of Birth	<input type="text"/>				

SECTION 3 Representative's Details

Surname	<input type="text"/>			Forename(s)	<input type="text"/>					
Title	<input type="text"/>	Home Address	<input type="text"/>							
	<input type="text"/>						Post Code	<input type="text"/>		
Contact Tel. No.	<input type="text"/>			Mobile Tel. No.	<input type="text"/>					
Email Address	<input type="text"/>									

Whose address should the letters go to? (Please tick one box)

Yourself as representative	<input type="checkbox"/>
The person you are representing	<input type="checkbox"/>

SECTION 4 Your Dispute - In the box overleaf please give full details of your dispute

Please try to explain exactly why you are aggrieved, giving dates and periods of scheme membership that you think are relevant. If there is not enough space please continue on a separate piece of paper marked with the member's name and National Insurance number as in section one.

Continues overleaf >>

