THE POLICE PENSIONS REGULATIONS 2015 <u>CITY OF LONDON POLICE</u> <u>TRANSFER OF PENSION RIGHTS</u>

Name:	
N.I. Number:	
Date of Birth:	
Address:	
•	d, hereby authorise the City of London to enquire into the othe Police Pension Scheme, of my pension rights held with:
Name of Previous	Employer or Scheme Administrator
Position Held (if a	applicable)
Address of Prev	ious
Employer or Sch	eme
Administrator:	
Periods of Scheme	
From:	To:
Daliary Nyamban	
Policy Number:	
Signed	Date
Name (BLOCK L	ETTERS)
Please return this form	n to :-
The Pensions Office City of London PO Box 270 Guildhall London	

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