



**EMPLOYER DETAILS:**

Employer/Business Name .....

Employment Basis  
 Sole Trader/Partnership/Limited Company/PLC/Charity/Direct Payment

Employer Activity .....

Company/Charity Number (if applicable) .....

UTR (if applicable) .....

Registered Office Address .....

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Send Payroll documents to this address?

**If not selected, requested payroll documentation will be sent to the address below.**

**EMPLOYER CONTACT INFORMATION:**

Telephone Number .....

Fax Number .....

Contact Address .....

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**CORRESPONDENTS DETAILS:**

**Correspondent 1**

Name .....

Mobile .....

Email address .....

**Correspondent 2**

Name .....

Mobile .....

Email address .....

**FINANCIAL DETAILS:**

Bank Name .....

Sort Code (6 digits) .....

Account Number (8 digits) .....

Building Society Reference/Roll Number .....

Account Name (in the name of) .....

Financial Year (Start Date) .....

**Accountant**

Business Name .....

Contact Name .....

Contact Number .....

**HMRC DETAILS:**

PAYE Reference	...../.....
Accounts Office Reference	.....
Payment Method	Cheque/Bank
Will you be engaging any subcontractors in the construction industry during the tax year?	
<input type="checkbox"/> Yes, I will be engaging Subcontractors.	
Do you intend to reclaim Construction Industry Scheme (CIS) deductions taken from payments? (Only applicable for Limited Companies)	
<input type="checkbox"/> Yes, I'm intending to reclaim CIS deductions	
Will you require P11Ds to be submitted at the end of each tax year?	Yes/No

**PAYROLL DETAILS:**

Pay Frequency	Weekly/Fortnightly/4 Weekly/Monthly
Pay Method	Cash/Cheque/Bank Payment
Payslip Media	Online Portal/Posted to Employer
Cost Summaries Media	Online Portal/Emailed/Posted to Employer
Password (For Emailed File)	.....
Payment Date (if Monthly), Day (if Weekly)	.....
Holiday Year (Start Date)	.....
Holiday Entitlement (5.6 weeks statutory min)	.....
Auto Enrolment Pension Scheme Set Up?	Yes/No
If yes, please give details.	.....
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**DIRECTORS/OFFICERS:**

**Officer 1**

Name .....

Position .....

NI Number .....

DOB .....

Address .....

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Post Code .....

First year of residency .....

**Officer 2**

Name .....

Position .....

NI Number .....

DOB .....

Address .....

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Post Code .....

First year of residency .....

We require these details for all persons with significant control in the business. If you run out of space to include all of these people, please write the details on another piece of paper and attach it.

We confirm receipt of the Money Laundering Regulations notice, confirm our understanding to provide the appropriate documentation and agree to the set Terms of Business. We understand the reasons behind the requested information and have provided accurate details in accordance with the GDPR (General Data Protection Regulations).

Signature of Employer .....

Date .....

**All information supplied on this form will be strictly confidential when completed.**