



EMPLOYER USE ONLY
Start Date:
TUPE:
PAID?
RATE
BACS/CHQ

Bureau Use Only

Tax Code

NI CAT

SL1/SL2

PAY/ID

DIRECTOR

## Please ensure you complete all sections of this form in BLACK INK.

PERSONAL	_ INF(	ORMATION							
TITLE				CHR	CHRISTIAN NAME				
MIDDLE NAME (S)				SURI	SURNAME				
DATE OF BIRTH				AGE	AGE				
GENDER				WOR	ORKS NUMBER		Bureau Use Only		
ADDRESS				DOST	2005				
Email Address					POSTCODE TELEPHONE NUMBER				
Email Address				IELE	ELEPHONE NUMBER				
DAYS WORKED (Please Circle)		M   T   W   T   F   S   S Hours of Work Per Week This enables the Bureau to calculate entitlement			ATIONAL SURANCE D:				
BANK DETAILS									
									٦
BANK NAME & ADDRESS *POSTCODEE*									
SORT CODE			ACCOUNT NUMBER			ACCO			
NEXT OF KIN DETAILS									
NATIONALITY	ITY		PASSPORT NUMBER		MARI STAT				
P45?									
	ise adv	ise your emplo	cessed by SIMCO Busine byer first instance. If you					ason you believe your payr ase contact us.	 oll
The Employer i Home Office ar				your	employee has th	e right	ts to work in t	the United Kingdom as p	er
Please forward t	his for	m, complete wi	th P45 and HMRC new s	starter	to SIMCO for pro	cessin	g. Please ensu	re encryption is used.	
Employee De									
I declare the infor	mation (	given to be true ar	nd accurate. (EMPLOYEE)						
Signed:				Date:					
Employer Declara	tion								
I declare the infor	mation	given to be true ar	nd accurate. (EMPLOYER)						_
Signed: Date:			Date:		Company Name/Account Number				