56a London Road
Southampton, Hampshire, SO15 2AH
Tel: 0845 367 0220 Fax: 0845 367 0221
Email: info@4payltd.co.uk Website: www.4payltd.co.uk

4Pay Ref (Internal Use Only)

CIS Application Form – Please complete ALL Sections

Company/Agency

Start Date (DD/MM/YY)

Branch

Consultant

Tel:

Personal Details

First & Middle Names:

Surname:

Date of Birth:

Address:

Postcode:

Home Telephone:

Mobile Telephone:

Nationality:

Confidential Password:

Work Details

Trade or Job Description:

CIS Card Number **OR** Unique Tax Reference:

National Insurance Number:

Bank Details

Bank or Building Society Name:

Name(s) of Account Holder(s):

Branch:

Bank Sort Code:

Building Society Roll Number (if applicable):

Bank Account Number:

IMPORTANT—In the event that payments are requested to be made to a third party we require a written instruction & explanation for compliance issues.

I have read, agreed and signed the Contract for Services with 4 Pay Ltd. I confirm that I am self-employed under the CIS Scheme. I understand that 10.17% of the total payment represents my holiday pay and this is included in each week's payment for services. I acknowledge that this right to holiday pay is a contractual right and not a statutory right under Working Time Regulations. I accept the benefits package including insurance unless I provide a valid policy. I declare that all the information provided is correct and I understand that it is my responsibility to inform 4 Pay of any changes in my details and this must be in writing, giving 7 days notice.

Signed _____ **Date:**