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)

Umbrella 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:

NI Number: **Confidential Password:**

Car Details

Make: Model:

Registration No: Engine Size (cc):

Job Details

Job Title:

Brief Job Description:

Bank Details

Bank or Building Society Name:

Name(s) of Account Holder(s):

Branch: Bank Account Number:

Building Society Ref (if applicable): Bank Sort Code:

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 confirm my instructions to pay me through the PAYE system at a rate equivalent to at least the national minimum wage plus allowance for holiday pay on a weekly basis. I confirm that I am eligible for work in the United Kingdom. I opt out of the Conduct of Employment Agencies and Employment Business Regulations (2003). I have read and understood the attached letter setting out payment terms and the Health & Safety Document. I confirm that a deduction of £15.00 per timesheet is authorised as an employee administration charge. I confirm that a deduction of £1.95 per week is authorised for Workplace Personal Accident Insurance. **IMPORTANT:** I enclose a copy of my passport or birth certificate.

Signed **Date:**