



NAME

\_\_\_\_\_

SURNAME

\_\_\_\_\_

DOB

\_\_\_\_\_

**BANK DETAILS**

BANK NAME

\_\_\_\_\_

SORT CODE

□ □ - □ □ - □ □

ACCOUNT NUMBER

□ □ □ □ □ □ □ □

ACCOUNT HOLDER'S NAME

\_\_\_\_\_

*How would you like to receive your payslips?*

*(Please select one method only)*

Paper

Electronic email address: \_\_\_\_\_

*I declare that, to the best of my knowledge, the information contained on this form is true and accurate and I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for employment or liable for dismissal.*

Date \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_

*To be signed at the appointment*