

REGISTRATION FORM

(Please complete this form using BLOCK CAPITALS)

SECTION 1: Personal details

Title: Mr Mrs Ms Miss Other (Please tick as appropriate)

First name: Surname:

Address:
 Postcode:

Telephone: Home: Mobile: Work:

E-mail (Home): E-mail (Work):

Date of birth: / / Sex: Male Female (Please tick as appropriate)

Nationality:

National Insurance Number:

Tax Reference / UTR Number:

SECTION 2: Bank details

Bank:

Address:
 Postcode:

Sort code (6 digits): Account number (8 digits):

Building society reference number: (16 digits):

Name of account holder/s:

There are two methods of receiving payment – by cheque, or Faster Payment.

Please choose your preferred method by ticking the appropriate box:

I request that Futurelink make my payments by: Cheque Faster Payment

If any changes are required to the chosen method of payment, these must be notified in writing.

Please turn over to continue

SECTION 3: Agency/invoicing details

Current client/agency name:

Current client/agency address:
Postcode:

Telephone: Fax:

Agency contact name: Job title:

Agency contact telephone number: Email:

Invoicing frequency required by your agency: Weekly Monthly (please tick as appropriate)

How did you hear about our services? Referred by:

SECTION 4: Insurance

This section must be completed to enable us to determine your insurance requirements. Please tick as appropriate.

*Does your assignment include Safety Critical work? Yes No

*Will you be engaging in any offshore work? (offshore PL is £20 per week) Yes No

*Is there any other information you are aware of that may affect your insurance cover? Yes No

*If yes, please give details:

SECTION 5: Agreement to terms

1. I confirm that all the information supplied on this form is accurate and that I have not willfully withheld any information that would disqualify my application. I am entitled to work in the UK.

2. I have read and accepted the additional terms and conditions enclosed.

3. Under the provisions Data Protection Act 1998, the Company processes data and information about individuals both on computer and in paper files for certain purposes, including (but not limited to) administering personnel and pay records. By completing and signing this Registration Form, I am consenting to the Company holding and processing personal data (and sensitive data).

I further agree to such data being released to third parties such as insurance providers where necessary and for marketing and promotional purpose, unless I have ticked the following box.

Signature:

Date: / /

Please return in the enclosed envelope or fax to: 0845 620 9256