

Personal Details

Title	<input type="text"/>	Gender	<input type="text"/>
First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
Tel(home)	<input type="text"/>		
Tel(Mobile)	<input type="text"/>		
Email	<input type="text"/>		
Date Of Birth	<input type="text"/> Day/Month/Year		

NI Number

If you do not have your National Insurance number please leave this field blank

Nationality

Tick box if there is a copy of your Visa included

If you are from outside the European Union you must provide a copy of the legal documentation that proves you have the authority to work within the UK.

We will be unable to register or pay contractors who are not currently permitted to work within the UK.

Income Tax Documents

I enclose my P45 from my previous Employer (Parts 2 and 3 only)

OR

I enclose my P46 with this application (Please complete section 1 only)

Non UK Nationals (Only to be completed by Non UK Nationals)

When did you arrive in the UK? Day/Month/Year

Have you been to the UK before?
If yes please enter most recent departure date

Day/Month/Year

Did you enter into any paid employment during your last visit?

Yes No

Contract Details

Industry	<input type="text"/>
Occupation	<input type="text"/>
Agency Name	<input type="text"/>
Agency Branch	<input type="text"/>
Consultant	<input type="text"/>
Tel. No.	<input type="text"/>
Email	<input type="text"/>

Bank Details

Bank/Building Society	<input type="text"/>
Postcode	<input type="text"/>
Account Holder Name	<input type="text"/>
Sort Code	<input type="text"/>
Acc Number	<input type="text"/>
B/SOC.Roll No.	<input type="text"/>

If you do not have your own Bank Account please contact OPS Ltd for the Third Party Bank Form.

Declaration

I hereby declare that the information provided is accurate to the best of my knowledge. I agree to obtain a National Insurance Number if I have not completed the above National Insurance details. I confirm that I have provided my identification details to my agency and satisfied current money laundering legislation. I give permission to Online Payroll Solutions to access this information for any purpose.

Signed:

Date: Day/Month/Year