

# New Starter Details

Title: (Mr / Miss / Mrs / Dr)

First Name:

Surname:

Date:

---

Please take this form as my request to be paid in to the following Bank Account from the next possible date:

Bank:

Address:

Name on Account:

Account Number:

Sort Code:

Email Address:

Passport number:

---

## Next of Kin Details in case of Accident or Emergency:

**Name:**

**Relationship:**

**Phone no.**

I understand that my payslip and timesheet will be emailed to me on a weekly basis. I confirm the email address above is correct and will inform you of any changes in the future.

I also understand that should the details be incorrect that I have given or for any other reason that I request to attempt to cancel a transfer that I would have to await a successful BACS recall in order to be repaid any amount.

Signed: