

For Employers use only

HC on PS

employee a perso	nal details	Please complete this form in full to enable wages to be paid						
Γitle	Mr		Mrs	Miss	Other			
Last name or family	name							
First name(s)								
Are you male or fem	ale?		Male	$\circ$	Female			
Date of birth eg dd mi	т уууу							
Home address			_					
Address line 1	Required							
Address line 2	Required							
Address line 3								
Postcode (if your address is in the U	Required	· Letter I	Number Nur	nber Number	Number Numbe	r Number	Letter	
National Insurance r								
Email address								
(payslips will be sent here	)							
	<del>                                     </del>							
ank details Bank name			•	•	•			
Account name as on	bank card							
Account number						( 8	8 numbers)	
Sort code			-		-			
Employee Statem	ent							
ou need	A - This is my firs allowance, Emplo Occupational Per	oyment and	=			_		
one of the ollowing Otatements	<b>B</b> - This is now my only job, but since last 6 April I have had another job, or have received taxabke Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.							
, <b>B</b> or <b>C</b> .	<b>C</b> - As well as my	<b>C</b> - As well as my new job, I have another job or receive a State or Occupational Pension.						
0		dent Loan, by agreem	enter 'X' in ent with t	n this box.( he UK Stude	Do <b>not</b> enter ' ent Loans Com	X' here if γ	April and received you are repaying yo nake monthly	
Please print your nan	ne and sign here to co	nfirm that	this inform	mation is co	rrect.			
ull name				Signatu	re			
Date e	g dd mm yyyy							

Start date

No