

PERSONAL DETAILS

Please complete in CAPITALS

First Name: Last Name:

Permanent Address:

Postcode:

Date Of Birth: - - National Insurance No:

Mobile Number: Home Tel. No:

Trade/Profession: Nationality:

Trade/Professional Qualifications held:

Email Address:

TAX DETAILS

Are you registered for CIS? Yes No

Unique Tax Reference number (UTR):

Trading Name:

Are you VAT registered? Yes No

If you are VAT registered, please provide a copy of your VAT registration certificate.

PAYMENT NOTIFICATION

Each time we process a payment, we will send a SMS confirmation of the amount to you. If you do **NOT** wish to receive this service please tick here

If you do **NOT** wish to receive your Pay Statement by email please tick here We will then send it by post.

If you do **NOT** wish to receive your Tax Deduction Statement by email please tick here We will then send it by post.

PAYMENT DETAILS

Name of Bank/Building Society:

Branch Location:

Sort Code: - - Account Number:

Name of Account Holder:

Roll Number: (if applicable)

If you wish to be paid by cheque please tick here

DECLARATION

I declare that the information I have provided is correct and I understand that it is my responsibility to inform NWM of any changes to my personal details as soon as possible.

Signed _____

Date _____

Please return this form by:

Email: register@nwm.uk.com **Fax:** 0330 333 4241 **Post:** NWM, Merchant Court, Milburn Road, Bournemouth BH4 9HJ

Call **0330 333 4240** for any assistance.