

## PERSONAL DETAILS

Please complete in CAPITALS

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Permanent Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date Of Birth:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	National Insurance No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Number:	<input type="text"/>	Home Tel. No:	<input type="text"/>
Trade/Profession:	<input type="text"/>	Nationality:	<input type="text"/>
Trade/Professional Qualifications held:	<input type="text"/>		
Email Address:	<input type="text"/>		

## 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 Payslip by email please tick here  We will then send it by post.

## PAYMENT DETAILS

Name of Bank/Building Society:	<input type="text"/>		
Branch Location:	<input type="text"/>		
Sort Code:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Account Holder:	<input type="text"/>		
Roll Number: (if applicable)	<input type="text"/>		

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. I acknowledge that by signing below I agree NWM may store my details in accordance with the Data Protection Act 1998.

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Signed

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Date

Please return this form by:

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

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