

Application Form

Your Details

Title: Mr Mrs Miss Other

Name:

Address:

Postcode:

Home Tel:

Mobile Tel:

E-mail Address:

Nationality:

Occupation:

Nature of Service:

NI Number:

Your Bank Account

Bank:

Branch:

Sort Code:

A/C No:

If you want assistance to open a bank account please tick the box below

Who should we invoice?

Company:

Address:

Postcode:

Attention of:

Tel No:

Fax No:

E-mail Address:

Your Rates

Rate1:

Rate2:

Rate3:

Normal hrs:

Invoice Period:

Weekly

Monthly

Other:

Please sign and date where indicated below, and fax it to us on 01624 691745 or email: sales@sub-co.com

(a) I acknowledge that I am self employed. (b) I warrant that I have or will register my self employment status with HM Revenue & Customs. (c) I confirm that the above details are correct.

Printed:

Date:

Signature:

SUBCO USE ONLY

SUBCO INPUT CONTRACTOR NO.

ACCOUNT AGENCY CONTRACT/EMAIL