

PERSONAL INFORMATION AND BACS REQUEST
Please fill in the form using block capital letters only! Thanks
FOR DIRECTOR(S)

Title:/Mr, Mrs, Miss, Other...../ Name:	D.O.B./Date of Birth/	Single, Married, Divorce, Others:
Tax Reference Number:	National Insurance Number:	
Personal (home)Address: Post Code:	Contact Numbers: Tel.-home..... Mobile Number:..... e-mail:	
Personal Bank Details:		Company Bank Details
Name of Account Holder: Bank/Building Society Name: Branch 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"/> <input type="text"/> <input type="text"/>	Name of Account Holder (Company) Bank/Building Society Name: Branch 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"/> <input type="text"/> <input type="text"/>	
Limited Company		
Trade of the business	Name of the Company	
Date of incorporation	Company Registration Number:	
Company Registration Office Address: /if is different from the personal/	Company-PAYE Reference Number: Accounting Reference Number:	
	Corporation Tax reference Number:	

Authorised Signature:	Date:
Print Name:	Position:

*- For Limited Companies this form must be signed by a director.
This form has to file by each Director

***Please fill in the form using block capital letters only! Thanks
FOR SECRETARY(S)***

Title:/Mr, Mrs, Miss, Other...../ Name:	D.O.B.
National Insurance Number:	Single, Married, Divorce, Others:
Personal (home)Address: Post Code	Contact Numbers: Tel.- home..... Mobile Number:..... e-mail

Authorised Signature:	Date:
Print Name:	Position:

*- For Limited Companies this form must be signed by a secretary.
This Form has to file by each secretary.

When you have completed and signed the form please send it to:
37 HILL VIEW GARDENS
LONDON
NW9 0TE