

## Please Complete in Block Capitals

Please complete this form accurately. Errors will result in a serious delay in payment. If this is a change of details please mark the above box, complete your full name and address as well as the details to be changed.

Change of Details

### Personal Details

Sex  Male  Female

Date of Birth  /  /

Title  Mr  Mrs  Miss  Ms  Dr

NI Number

Surname

Agency Name

Forenames

Email

Agency Contact

Home Address

Agency Tel No.

Agency Fax No.

Post Code

Your Mobile No.

Nationality (as per passport)

You can elect to save your holiday pay each week/month.

Holiday Pay Fund  Yes  No

If you are not an EU national, you must provide us with copies of your work permit or other relevant document confirming your right to work in the UK.

### Your Bank Details

Bank Name

Branch

Account Holder's Name

Sort Code  -  -

Account Number

Ref Number (Building Societies)

### Charge Rates

Please tell us the charge rates agreed with the above agency.

### Mileage Declaration

(Please enter 0 mileage if no mileage has been claimed before.)

I declare that I have already claimed tax relief for

,

business miles during the current tax year through other employers or whilst being self employed.

### Please Read the Employment Agreement Carefully Before Signing Below

I confirm the above details are correct and accept the terms and conditions contained within the Workers Agreement sent to me with this registration form. I also fully understand how using Eden will affect my pay and understand that a fee will be charged for Eden's services.

1. I agree to become an employee of Eden.
2. I confirm that all information supplied on this application form is correct and true to the best of my knowledge.
3. I understand that under the Data Protection Act 1998, Eden is registered to hold information about individuals both on computer and in paper files for certain purposes.
4. I consent to Eden holding and processing personal data (and personal sensitive data). In addition, I agree to such data being released to third parties (such as insurance providers) where necessary.
5. I agree that if I have an e-mail account I will accept electronic payment advice notices.
6. I am not aware of any claims and or circumstances, which could give rise to a claim under the Professional Indemnity, Public Liability or Employers' Liability Insurance(s).

Signature

Date  /  /

Print Name

### Office Use Only

Updated in Act

Updated in Payroll

Payroll Code Issued