

Please complete this form immediately. Do not wait until you have finished your first weeks duty.

PERSONAL DETAILS

Title	Surname	_First Name(s)	
Date of Birth		_Staff number	
			Postcode
When did you comr	nence or recommence work through United Opticare?		
If applicable, when	did vou last work through United Opticare?		

INCOME TAX

Please either:

include a current P45 tax form from your previous British employer (current means the last day of employment entered on this tax form should not be before 6th April last)
OR

complete and return to United Opticare the enclosed P46 tax form

PAYMENT DETAILS

Should you so wish it, your salary can be paid directly into your bank account via BACS on receipt of a correctly completed and signed timesheet. To accomplish this, please complete and return this form to United Opticare. Name of Bank

Name of branch			
Address of Bank			
Postco	de		
Name of Account Holder			
Account Number			
National Insurance (NI) Number*			
*We prefer one of the following original documents showing your NI number: a pay slip from a previous employer; a P45; a P60; a NINO card; a letter from a			
previous employer or government department. This item will be returned to you.			
If you wish us to credit a Building Society account direct please tick this box and forward an 'Investors Star Building Society.	ding Authority' form obtainable from your		
If you wish to be paid by crossed cheque please tick this box. Crossed cheques are 'non-negotiable', whic account belonging to the payee. You cannot, for instance, sign the back of the cheque and pay it into a friend			

You will be performing your duties under a contract for services. Please read these terms before you sign, date and return this form. Your signature confirms the above arrangements for payment.

Signature_