



# Bank Details Form

Healthcare Solutions Services Ltd  
Marsh Way, Rainham. RM13 8EU  
Tel No: 020 8596 5067  
Fax No: 020 8181 6777

## Bank Details

### New Starter/Change of Employee Details Instructions

Client Name:	<input type="text"/>	Client Number:	<input type="text"/>
Change of Details:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes Employee No.	<input type="text"/>
Weekend Starter:	Yes <input type="checkbox"/> No <input type="checkbox"/>	New Employee No.	<input type="text"/>

### Employee Details

National Insurance No.	<input type="text"/>
Surname:	<input type="text"/>
Forenames:	<input type="text"/>
Title:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/>
Email Address:	<input type="text"/>

### Limited Company Details

Address:	<input type="text"/>
Postcode:	<input type="text"/>
Registered No:	<input type="text"/>
<b>Attach copy of Certificate of Incorporation</b>	
VAT No	<input type="text"/>
<b>Attach copy of VAT Registration Certificate</b>	

Payments will be made directly into your Bank or Building Society account via the BACS system. Please give your account details below:

Payee Name:	<input type="text"/>
Bank Name:	<input type="text"/>
Account No:	<input type="text"/>
Sort Code:	<input type="text"/>
Reference No:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>

Taxes Status		Form Attached	
PAYE:	<input type="checkbox"/>	P45	<input type="checkbox"/>
Unemployed:	<input type="checkbox"/>	P46	<input type="checkbox"/>
No P45 available:	<input type="checkbox"/>	P46	<input type="checkbox"/>
Student:	<input type="checkbox"/>	P38	<input type="checkbox"/>
Signature:	<input type="text"/>		
Date:	<input type="text"/>		

Please Note that if the appropriate tax form is not attached you will be taxed using an Emergency tax code

### FOR OFFICE USE

Input By:	<input type="text"/>
Date Input:	<input type="text"/>
Tax Code Input:	<input type="text"/>



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Checked By: