

## **Annex A - Consultancy Data Form**

### **Section 1 - Company Information:**

<b>Ltd/ Umbrella Company Name:</b> <i>(As per certificate of incorporation)</i>	
<b>Trading Name:</b>	
<b>Registered Address:</b>	
<b>Registration Number:</b>	
<b>Registration Date:</b>	
<b>Country of Registration:</b>	
<b>VAT Registration Number:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b> <b>(For payment remittances)</b>	

### **Section 2 - Banking Details**

<b>Ltd Company/ Umbrella Name</b>	
<b>Bank Name</b>	
<b>Bank Address</b>	
<b>Account Name:</b>	
<b>Account Number:</b>	
<b>Sort Code:</b>	
<b>IBAN Number:</b>	
<b>Swift Code:</b>	
<b>Routing Bank Information (if applicable)</b>	

**Do you want to receive payment remittance notification by email? YES/ NO**

**Would you like your payment remittance notifications password protected? YES/NO**

### Section 3 - Personnel Details:

*Please provide the personal details of each member of the consultancy staff who will be engaged on this assignment:*

Title:	
Forename/s:	
Surname:	
D/O/B:	
Gender:	
Job Title:	
Any special medical conditions (e.g. allergies):	
Address:	
N.I. Number (if applicable):	
Unique Taxpayer Reference:	
Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	

#### Next of Kin Details

Full Name:	
Relationship:	
Address:	
N.I. Number (if applicable):	
Home Telephone Number:	
Work Telephone Number:	
Mobile Telephone Number:	
Email Address:	

#### Emergency Contact Details (if different from NOK)

Full Name:	
Relationship:	
Address:	
N.I. Number (if applicable):	
Home Telephone Number:	
Work Telephone Number:	
Mobile Telephone Number:	
Email Address:	

#### Unspent Criminal Convictions (Refer to Annex E)

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***For additional consultancy staff details please provide the above information in the miscellaneous section below***

## **Section 4 – Documentation Required**

Please attach copies of the below documentation;

<b>Item</b>	<b>Attached Y/N?</b>
Ltd / Umbrella Company Certificate of Incorporation	
VAT Certificate (if registered)	
Ltd Co Only – Signed Self-Billing Agreement if you have agreed to be paid via this method	
Insurance Certificates (Professional Indemnity and Public Liability)	
Copy of official Banking documentation	
Proof of ID of all consultancy personnel	
Copies of Qualification Certificates of all consultancy personnel	
Copy of Visa (if applicable) of all consultancy personnel	

## **Section 5 – Miscellaneous Information**

*Please use this section to insert any further information you feel is relevant to the assignment this may include*

- *Further consultancy personnel details*
- *Specific IP rights pertaining to your consultancy*
- *Any specialist information or qualifications*
- *Specialist medical requirements*
- *Etc etc.*

## **Section 6- Declaration**

***I hereby declare that all information given and attached documents are true and accurate. I acknowledge that any information provided falsely or incorrectly may delay the start of the assignment or the assignment maybe terminated immediately without any further liability.***

**Signed:**

**Print Name:**

**Date:**

