



# CAMBRIDGE CARE SERVICES LIMITED

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## NEW CANDIDATE PAYROLL FORM

(Please complete ALL fields in Sections 1 & either Sections 2, 3 or 4)

<b>Consultant:</b>
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Section 1: CANDIDATE DETAILS	
<b>First Name:</b>	<b>Title:</b>
<b>Surname:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Mobile No:</b>
	<b>Email:</b>
<b>NI or (UTR) No:</b>	<b>Date of Birth:</b>

Section 2: LIMITED COMPANY	
<b>Limited Company Name:</b>	
<b>Bank Details (Account Name):</b>	
<b>Account No:</b>	<b>Sort Code:</b>
<b>Remittance Email Address:</b>	<b>Registered for VAT:</b>
<b>Please supply:</b> <ul style="list-style-type: none"><li>• Certificate of Incorporation</li><li>• Proof of limited company bank details</li><li>• VAT certificate (if applicable)</li></ul>	

Section 3: PAYROLL COMPANY	
<b>Payroll Company Name:</b>	
<b>Payroll Company Tel:</b>	
<b>Please note:</b> <ul style="list-style-type: none"><li>• If the candidate is using the services of a payroll services company, simply complete the above fields in Section 3.</li><li>• Please ensure the candidate is already registered with the aforementioned payroll company.</li></ul>	

Section 4: PAYE	
<b>Bank Details (Account Name):</b>	
<b>Account No:</b>	<b>Sort Code:</b>
<b>Please Supply:</b> <ul style="list-style-type: none"><li>• P45 or P46</li></ul>	