

# Crystal Umbrella - Registration

## Individual Account Application Form



Please ensure that all sections of this account registration form are completed accurately and in **Black BLOCK CAPITALS**. Should you have any queries regarding this form please contact the New Business Team on **0800 848 8888** for assistance.

### Your Name & Contact details

Title	<input type="text"/>	Full name <small>As printed on your passport</small>	<input type="text"/>
Marital status	<input type="text"/>	Nationality	<input type="text"/>
DOB <small>dd/mm/yyyy</small>	<input type="text"/>	Address	<input type="text"/>
Mobile	<input type="text"/>		
Home	<input type="text"/>		Postcode <input type="text"/>
Email	<input type="text"/>		

### Financial details

National Ins no <small>e.g. AA 85 24 98 D</small>	<input type="text"/>	B/Society roll no <small>Building society accounts only</small>	<input type="text"/>
Bank name	<input type="text"/>	Account no	<input type="text"/>
Account name	<input type="text"/>	Sortcode	<input type="text"/>

### Contract details

This section is for details concerning the contract you have secured whether via an agency or client direct, if you have no contract, leave blank

Agency / Client name	<input type="text"/>		
Contact name	<input type="text"/>	Contact phone	<input type="text"/>
Contact email	<input type="text"/>		
End client	<input type="text"/>		
Start date	<input type="text"/>	End date	<input type="text"/>
		Rolling	<input type="checkbox"/>
Rate of pay	£ <input type="text"/>	Frequency	<input type="text"/>
		<small>Hourly / Daily</small>	

By signing and submitting this application I am agreeing for a member of Crystal Umbrella to contact me regarding the completion of my registration.

Please fax all completed forms to  
**0845 226 2280**

I CAN CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_