

BUSINESS CONSULTANCY APPLICATION FORM

1. Your Limited Company Details

COMPANY NAME

Registered Office

Postcode

Incorporation No:

2. Personal Details

Title (Dr. Mr. Mrs. Etc)

Surname

Forename(s)

Previous Name (if applicable)

Preferred Name

Residential Address

Postcode

Home Phone No:

Mobile Phone No:

e-mail address

Date of Birth _____

Nationality _____

Occupation _____

Sector _____

National Insurance No: _____

3. Agency/Client Details

Name of Agency/Client

Address

Postcode

Tel No: _____

Fax No: _____

Agency/Client Contact

Contract Start Date

4. Bank Details

Name of Bank _____
Branch Address _____
Postcode _____
Sort Code _____ Account Number _____
Name as it appears on Bank Account _____

If non EU National:

Have you worked in UK before? Yes No

Please provide copy of visa or permission to work

I certify the above to be correct and agree for Legal-E to receive and hold personal information.

Signed:

Date:

Please complete in full and send back via one of the following:

- E-mail back
- Fax back to **01582 666507**
- Print out and send by post to:
Legal-E Shire Court, West Street, Dunstable, Bedfordshire LU6 1NX