

WORK LEGAL-E Registration Form



Part 1 – Personal Details

Title (Dr. Mr. Mrs. Etc) _____

Forename(s) _____

Surname _____

Previous Name (if applicable) _____

Preferred Name _____

Residential Address _____

Postcode _____

Home Phone No: _____

Mobile Phone No: _____

e-mail address _____

Date of Birth _____ **Nationality** _____

Occupation _____ **Industry Sector** _____

National Insurance No:

Complete if non EU National:

Have you worked in UK before? Yes No

Please provide copy of visa or permission to work



Part 2 – Client Details (meaning the site where you are working)

Name of Client _____

Address _____

Postcode _____

Contact/Consultant name _____

Contact/Consultant tel No: _____

Date started on site _____



Part 3 – Bank Details

Name of Bank _____
Branch Address _____
Postcode _____
Sort Code

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 Acc Number

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Name as it appears on Bank Account _____

I certify the above to be correct and agree for Legal-E to receive and hold personal information and enter into contracts on my behalf

Signed:

Date:

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

N.B. (Please attach your latest P45 or a completed P46 when you send this back)

- Hand to your Agency
-
- Fax back to **0131 5570510**
- Print out and send by post to:
Legal-E 28 Forth Street, Edinburgh EH1 3LH