



# **Guide to Completing Locum Staffing Bank Account Detail Form**

	Bank Account Details							
Please fill in your personal details at the top of the Bank Account	This form sho	ould be used by candidates to provide their Bank Details to Medical Staffing LTD						
Details form.	Surrame							
Details form:	Forensenes							
	Date of Both							
	Job Title							

The Sections that you will need to complete are dependent upon how you are trading, please use the guide below:

#### Sections to be completed

Self-Employed	Sections 1 and 4
Limited Company (PSC) / Limited Liability Partnership (LLP)	Sections 2 and 4
Umbrella Company	Sections 3 and 4

Please note that we do not currently operate a PAYE payroll.

	Section 6: Please complete and sign the below declaration.					
Please make sure that the declarations in Sections 2 and 4 are signed and dated by hand, please do not type your name electronically.	Dr/Mr/Mrs/Miss/Ms confirm that the above personal information and Bank   Account Details / Umbrella Company details that I have provided are correct and confirm that all payments   should be made to the Bank Account Details I have provided / to be provided by my Umbrella Company.					
•	Signed Date					
	Please note: This form must be completed and signed to confirm payments should be made to the above Bank Account Details.					

Please then return this form marked for the attention of the Payroll Department via post, email or fax ensuring that all required documentation is also included.

### **Documentation Required**

Limited Company (PSC) / Limited Liability Partnership (LLP)	Certificate of Incorporation
	(VAT Registration Certificate if applicable).
Umbrella Company	
Self-Employed	Unique Taxpayer Reference (UTR) Certification
	proof from HMRC



#### **Bank Account Details**

This form should be used by candidates to provide their Bank Details to Locum and Medical Staffing LTD.

Forenames													
Address													
Postcode													
Date of Birth				/				/					
Job Title i.e. GP													
National Insurance Number													
Diago only complete the Section	n that is	n role	won <del>t</del>	to vo:									
Please only complete the Sectio	n that is	s rele	vant	to you	•								
Section 1: Please complete if	you are	tradi	ng as	Self-E	Employ	ed and	l then	proc	eed 1	to <u>Sec</u> t	tion 4	<u>4.</u>	
Name of Bank													
Name of Branch													
Name of Account Holder													
Sort Code													
Account Number													
Building Society Account Number	er												

The Unique Taxpayer Reference (UTR) is only issued by HM Revenue & Customs (HMRC) when you registered for Self Assessment. It is made up of 10 numbers, for example 1234567890, and can be found on documentation issued by HMRC such as the Tax Return (SA100), it is sometimes titled 'Tax Reference' or 'Our Ref'.

Please visit the below link for further information:

Surname

https://www.tax.service.gov.uk/information/help?helpcategory=security&helpid=UniqueTaxpayReference

Please proceed to Section 4 signing the declarations and then please return to us enclosing a copy your UTR Certification proof from HMRC.



# Section 2: Please complete if you are trading through a Limited Company (PSC) / Limited Liability Partnership (LLP) and then proceed to Section 4.

Limited Company (PSC) / Liability I	Partnership										
(LLP) Name Company Address											
Company ridaress								_			1
Company Registration Date				/			/				
Company Registration Number											
O Please Tick Box to confirm you have provided details	•	e a sha	rehold	er witl	า 5% ๐เ	r more	of the	e share	hold	in the	company
O Please Tick Box if you are \	/AT Register	ed									
			1	ı	<u> </u>	1	1	<u> </u>	1	1	٦
VAT number											
Name of Bank											
Name of Branch											
Name of Company on Account											
Sort Code											
Account Number											
Building Society Account				<u> </u>			<u> </u>				
Number											
Please ensure the below declaration confirm that the income received by the nan under chapter 7 of ITEPA.	-			-		-					come of
ame			_ F	Positio	n _						
Signed				Dat	e						

\*Please note that when trading as a Limited Company the above declaration must be signed by the companies Director and if trading as a Limited Liability Partnership then the declaration must be signed by a Partner.

Please proceed to Section 4 signing the declarations and then return to us enclosing a copy of the company's <u>Certificate of Incorporation</u> and if applicable a <u>VAT Registration Certificate</u>.



## Section 3: Please complete if you are trading through an Umbrella Company and then proceed to Section 4.

Umbrella Company Name	
Telephone Number	
Contact Name and Email Address	
	g the declarations to confirm that all payments are to be made to the Ban at the above Umbrella Company provides to us.
Section 4: Please complete and s	gn the below declaration.
I confirm that I Dr/Mr/Mrs/Miss/Ms	is responsible for insuring that
all payments received for services pro	rided by me to Locum Staffing or Medical Staffing are reported to HMRC UK
and that all UK Taxes due on paymer	s received from Locum and Medical Staffing are paid to HMRC UK in
accordance with all UK tax legislation	s set out by the UK government.
•	nation and Bank Account Details / Umbrella Company details that I have
provided are correct and confirm that	Il payments should be made to the Bank Account Details I have provided / to

Please note: This form must be completed and signed to confirm payments should be made to the above Bank Account Details.

Date

be provided by my Umbrella Company.

**Signed**