

For office use only			
Nominal Code			
Payrite Co No.			

Customer (Employer) Registration Form - Leicester

	Title (please circle)				Forename/s	Surname		
	Mr	Mrs	Miss	Ms				
	National Insurance No. (Over 16's only)							
Me								
out	Address (Including Postcode)							
Ab								
	Email Telephone No.							

If you have a representative who you are authorising to act on your behalf, please complete the box below.

	Title (please circle)				Forename/s	Surname	
tive	Mr	Mrs	Miss	Ms			
ntai	Address (Including Postcode)						
ese	o so						
My Representative							
y R							
Σ			Ema	ail		Telephone No.	

Signed	Date