

For office use only	
Nominal Code	
Payrite Co No.	

Customer (Employer) Registration Form - PHB

About Me	Title (please circle)				Forename/s		Surname	
	Mr	Mrs	Miss	Ms				
	National Insurance No (Over 16's only) if the Patient is a child, please use the parent's/guardian's/representative's NI No							
	Address (Including Postcode)							
	Email				Telephone No			

IF YOU HAVE A REPRESENTATIVE WHO YOU ARE AUTHORISING TO ACT ON YOUR BEHALF,
PLEASE COMPLETE THE BOX BELOW

My Representative	Title (please circle)				Forename/s		Surname	
	Mr	Mrs	Miss	Ms				
	Address (Including Postcode)							
	Email				Telephone No			

Signed	Date