

NAME OF ORGANISATION/EMPLOYER.....

ADDRESS.....

.....

CONTACT NAME.....

TELEPHONE NO.

PAYSLIPS AND REPORTS TO BE SENT TO

.....

.....

**DATE EMPLOYEES RECEIVE
PAYMENT.....**

WEEKLY/MONTHLY PAYROLL (please indicate which is applicable)

NUMBER OF EMPLOYEES.....

**EMPLOYER PAYE ACCOUNTS OFFICE
REFERENCE.....**

EMPLOYER HMRC REFERENCE.....

REGISTERED OFFICE ADDRESS (If different from above).....

.....

.....

If you require BCAP to complete the Inland Revenue payment book please forward to us.

Please complete IN FULL a separate employee details form for each employee.

Please make your instructions as clear as possible to avoid incorrect assumptions.

I hereby authorise BCAP to process our payroll

(To be signed by a member of the Management Committee or Board)

Dated

Please complete the above details and return to BCAP as soon as possible.