

PERSONAL DETAILS FORM

This form must be completed by any individual claiming payment for expenses, who is not an employee of the Trust

PRIVATE & CONFIDENTIAL

EMPLOYER.....TRUST

PERSONAL DETAILS:

Full Name: Mr/Mrs/Miss/Ms/Dr
If Dr male/female
Delete as applicable

Address:

(Including
Postcode)

Date of Birth:*

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Nat.Ins.No: *

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Name of Bank:

Address of Branch:.....
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Bank Sort Code:

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Account Name:

Account Number:

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Building Soc. Roll No:

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(if applicable)
I confirm that all payments made to me in respect of expenses should be credited to my bank account as detailed above

Signed:

Date:

Following completion and approval this form should be returned to the Travel & Expenses Section, Payroll Services Department.

Notes on completion:
All details must be completed
*This information is required in order to comply with Inland Revenue regulations