

For office use only		
Nominal Code		
Payrite Co No.		

Customer (Employer) Registration Form - PHB

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

Signed	Date

email: phbpayroll@wearepurple.org.uk tel: 01245 392300, Option 1 address: Purple, Ivan Peck House, 1 Russell Way, Chelmsford, CM1 3AA