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| **Customer (Employer) Registration Form - Cambs** | | | | | | | | |
|  | | | | | | | | |
| **About Me** | **Title (please circle)** | | | | **Forename/s** | | | **Surname** |
| **Mr** | **Mrs** | **Miss** | **Ms** |  | | |  |
| **National Insurance No. (Over 16’s only)** | | | | | | | |
|  | | | | | | | |
| **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.** | |
|  | | | | | |  | |
| |  | | --- | | **Payment Service Method: (Please tick that is applicable)**  **Managed Account**  **Process Only** | | | | | | | | | |
| **Signed** | | | | | | **Date** | | |
|  | | | | | |  | | |