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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.** |
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| **Payment Service Method: (Please tick that is applicable)****Managed Account****Process Only** |

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| **Signed** | **Date** |
|  |  |