

EMPLOYEE RECORD UPDATE

Please send the completed form to the HR & PAYROLL DEPT

*** Please PRINT all details ***

| | | |
|--------------|------------|---------|
| TITLE: | FULL NAME: | EMP NO: |
| PASSPORT NO: | | |
| DEPARTMENT: | DEPOT: | |

| |
|----------------------------|
| NEW ADDRESS: |
| POST CODE: |
| NEW TEL No (inc exchange): |
| MOBILE No: |

*** Please note that the Emergency Contact section MUST be completed when your address has changed ***

| | |
|----------------------------|----------------------|
| NEXT OF KIN DETAILS | |
| NAME: | RELATIONSHIP TO YOU: |
| ADDRESS: | |
| DATE OF BIRTH: | |
| HOME TEL NO: | MOBILE NO: |

| | |
|----------------------------------|--------------|
| EMERGENCY CONTACT DETAILS | |
| NAME: | |
| RELATIONSHIP TO YOU: | HOME TEL NO: |
| MOBILE NO: | WORK TEL NO: |

| | |
|--|--|
| BANK / BUILDING SOCIETY DETAILS | |
| NAME OF BANK / BUILDING SOCIETY: | |
| ADDRESS: | |
| SORT CODE: | |
| ACCOUNT IN THE NAME OF: | |
| ACCOUNT NUMBER: | |
| BUILDING SOCIETY REFERENCE NUMBER: | |

Do you receive income from a Pension?

YES / NO (Please circle)

Date from which new information becomes effective: _____

Employee's Signature: _____

Date: _____

| | |
|----------------------|--|
| Date received | |
| Payroll / HR Copied? | |