

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?	