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| **REGISTRATION FORM FOR THE PROVISION OF SERVICES (SELF EMPLOYED) BETWEEN ACL AND THE PARTY NAMED BELOW (HEREAFTER SUB CONTRACTOR)** |

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| First Name |  | Surname |  |
| Date of Birth |  | Mobile Number |  |
| Email Address |  | Home Number |  |

**(we will email your payslips to you)**

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| Address (including postcode**)** |  |

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| National Insurance Number |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| UTR (Unique Tax Reference Number) |  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Service (Skill or Trade) |  | | | | | | | | | | | | | | | | | |
| Name of Company (If relevant) |  | | | | | | | | | | | | | | | | | |
| Car registration Number (Business) |  | | | | | | | | | | | | | | | | | |

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| Name of Bank |  | | | | | | | | | | | |
| Sort Code |  | |  | |  | |  | |  | |  | |
| Account Number |  |  | |  | |  |  |  | |  | |  |
| Account ref or Roll Number (If applicable) |  | | | | | | | | | | | |
| Account Holders name |  | | | | | | | | | | | |

**Insurance**

Self- employed subcontractors are required to have public liability insurance. If you already have cover, please send a copy of your certificate to ACL. If you do not have insurance, please advise ACL and we will arrange cover as part of our subcontractor package**.**

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| **Insurance company** |  |
| **Policy Number** |  |
| **Expiry date** |  |
| **SubContractor Signature** |  |