

REGISTRATION FORM



1. Personal Details:

Mr/Mrs/Miss/Ms/Other:	
First Names:	Surname:
Address:	
Postcode:	Mobile Phone:
Home Phone:	License Authority:
Email Address:	Date of Birth:
National Insurance No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>

Are you registered for Self Employment? Yes No

If yes, please provide Unique Tax Reference (UTR)

If no, what date did you start? (DD/MM/YYYY) / /

2. Bank Details:

Bank/Building Society Name:	Sort Code: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account Holders Name:	Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Ref: <input type="text"/>

Who Introduced you to Drivertax?

3. Declaration:

I declare that: <ul style="list-style-type: none">•The information given on this form is correct and complete to the best of my knowledge and belief•I will inform yourselves straight away if any Self Assessment or self-employment circumstances change in a way that affects the answers above.	Signature: <input type="text"/> Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD/MM/YYYY
--	--

THIS FORM MUST BE COMPLETED IN FULL AND RETURNED TO DRIVERTAX

OFFICE USE ONLY

Client No:



Drivertax

Tel: 020 8529 2600 Email: info@drivertax.co.uk

www.drivertax.co.uk