

**NEW EMPLOYEE STARTER FORM**

**Please complete this form in BOLD CAPITALS**

EMPLOYEE’S PERSONAL DETAILS:

TITLE: MR/MRS/MISS/MS/

LAST NAME: FIRST NAME:

GENDER: DATE OF BIRTH: / /

NATIONAL INSURANCE NUMBER:

ADDRESS:

TOWN: COUNTY: POSTCODE:

TEL NO: EMAIL:

BUSINESS NAME:

EMPLOYMENT DETAILS:

JOB TITLE:

START DATE: ANNUAL SALARY:

RATE PER HOUR: GROSS PAY:

HOURS PER WEEK:

**Delete as appropriate:**

DIRECTOR: YES / NO PAY FREQUENCY: WEEKLY / MONTHLY

P45 SUPPLIED YES / NO STUDENT LOAN TO BE REPAID: YES / NO

EMPLOYEE STATEMENT

You need to select only one of the following statements A, B or C

1. This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
2. This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
3. As well as my new job, I have another job or receive a State or Occupational Pension.

NOTE: This form should be fully completed and returned to MZA & Co. Accountants with a copy of the employee’s P45 (if applicable).

BANK DETAILS

NAME OF BANK:

ACCOUNT NUMBER: SORT CODE: / /

ACCOUNT NAME: