

CIS - Client Enquiry Details



Please sign and complete this form as soon as possible. Until we have processed your application, you cannot enjoy the benefits of being self employed. Please print IN CAPITAL LETTERS and return this form to the address below with any supporting documents

Personal Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other(please state): <input type="text"/>
First Name:	<input type="text"/>				Middle Name: <input type="text"/>
Last Name: <input type="text"/>					
Address: <input type="text"/>					
Area:	<input type="text"/>			City:	<input type="text"/>
Post Code:	<input type="text"/>			Date of Birth:	<input type="text"/>
Telephone No:	<input type="text"/>			Mobile No:	<input type="text"/>
Fax No:	<input type="text"/>			Email:	<input type="text"/>
NI No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality: <input type="text"/>
Are you an EU national:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I am not an EU national. I enclose a copy of my work permit: <input type="checkbox"/>		
UTR Reference:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	If you do not have a UTR Reference number. Tick the box: <input type="checkbox"/>
Job Title:	<input type="text"/>			Industry (e.g. Driving, Construction):	<input type="text"/>
Bank Name and Address: <input type="text"/>					
<input type="text"/>					
Sort Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account No:	<input type="text"/>
Account Name:	<input type="text"/> (e.g. Mr J Smith)				
Reference No (for building society accounts): <input type="text"/>					

Mobile Phone Text Messages

We normally send an SMS text message to your mobile phone on a Thursday evening to tell you your pay is on its way to your bank account. This saves you the effort of calling us to check, and shows you the amount paid. This is a free service. If you DO NOT agree to receive messages on the mobile number you have provided please tick the box.

Personal Accident Insurance

Backoffice can provide insurance cover for all members against occupational workplace accidents. This policy can provide valuable financial help if you have an accident at work, and only costs you £3.00 a week (including Insurance Premium Tax). This means that we will deduct £3.00 per week from your pay unless you tell us you wish to opt out. Please ask for the full policy details if you wish to see them.

I would like to join the Accident Insurance Plan and agree to Backoffice deducting £3.00 per week from my wages.

Signed: I wish to opt out of Backoffice's personal accident insurance. Details of my existing policy are:

Insurance Company:Policy No:(Please attach a photocopy of the policy details)

Backoffice Construction Acknowledgements

1. I apply to be registered as an independent contractor available to undertake work for backoffice construction limited.
2. I understand that I will undertake all work on behalf of backoffice construction limited, and subject to, their standard terms and conditions which will be sent to me for approval following registration.
3. Backoffice construction limited employs the services of backoffice limited for accountancy and administrative services.
4. I warrant to backoffice construction limited and backoffice limited that I am self employed and in business on my own account. I further warrant that I am not a worker for the purposes of the Working Time Regulations 1999 and accordingly backoffice construction limited shall not be required to reserve funds for holiday pay. I agree to indemnify both backoffice construction limited and backoffice limited from all and any claim that they may suffer from whatever source arising directly or indirectly from any breach by me of these warranties.
5. The Contract Charge to be made by backoffice construction limited will be £20 plus VAT or the applicable charge at the time for each installment of the Contract Sum paid to me.
6. I understand that backoffice construction limited will:
 - (i) pay such sums as may be required from time to time under the terms of the Construction Industry Scheme to HM Revenue and Customs;
 - (ii) pay a fee for arranging group Public Liability, Tax Enquiry insurance, Employer's Liability and, where applicable, Professional Indemnity Insurance; and
 - (iii) pay the Contract Charge stated above;Deducting all of the same from the sums due to backoffice construction limited for work
7. I acknowledge that backoffice construction limited will agree to supply building contract services to the clients of agencies with whom I have been in discussions. I acknowledge that I am responsible to backoffice construction limited for ensuring prompt delivery of signed timesheets to the Agency or the clients of the Agency as the case may be which must arrive, in any event, NO LATER than 4pm on Monday following the end of the week worked.
8. I acknowledge that backoffice construction limited can only ensure that monies due to me will be credited into my Bank or Building Society account at any time on the Friday following the week worked providing backoffice construction limited has received confirmation of my hours, rate and the appropriate funds from the Agency to cover the sums due to me.
9. Either backoffice construction limited or backoffice limited may maintain my personal details as computer records. They may disclose my information to any member of the backoffice group of companies and their service providers, agents and where applicable government agencies for all purposes connected with the contract entered into between backoffice construction limited and myself. They may keep my information for a reasonable period of time and contact me about backoffice services in the future.
10. I declare that I have not been involved in any accident for which benefit may become payable under the backoffice Personal Accident Policy during the period from the date of commencing an assignment for backoffice and the date of completing this Client Enquiry Form.
11. I declare that I am not aware of any circumstance(s) that could give rise to either an Employer's Liability or Public Liability insurance claim in respect of any incident(s) which occurred during the period from the date of commencing the first assignment for backoffice construction limited.

Agency Details Name of Employment Agency/Company:

Agency Contact:

Agency Branch:

Agency Tel No:

Agency Fax No:

Declaration

I have read and understand the acknowledgements found above.

I confirm that all the information provided is correct to the best of my Knowledge.

Signed: Print: Date:

Return to:

Backoffice Construction Ltd, 200 Alcester Street, Birmingham, B12 0NQ