

UK Registration Form

Please print this form and complete it. Once you have completed it, please fax it back to our UK office on 020 7374 6987 or scan it in and email it to us at sales@cxuk.co.uk



BACKGROUND INFORMATION:

Full Name: Date of Birth: DD MM YYYY

Who Referred you to CXC: Gender: MALE FEMALE

UK Address:

Postal Code:

Private Email: Mobile Number:

Work Email: Work Number:

Nationality: National Insurance Number:

EMPLOYMENT INFORMATION:

Type of Visa which allows you to legally work in the UK: Working Holiday Work Permit HSMP
 EU Passport Ancestry Right of Abode

Employment Industry: IT Engineering Construction Marketing
 Finance Teaching Surveying Other

Does your employment position involve laying / installing / repairing cables? (For Insurance Purposes) YES NO

Do you hold a CIS Card? YES NO
(This only applies to individuals working in the construction industry)

Employer/Agency Name: Employer/Agency Fax:

Consultant Name: Consultant Email:

Consultant Phone: Rate of Pay:

BANK ACCOUNT INFORMATION:

Account Holder's Name: Sort Code:

Account Number: Bank Name:

Bank's Address: Roll Number:
(If Building Society)

OVERSEAS BANK ACCOUNT INFORMATION:

Account Holder's Name: Bank Name:

Account Number: BSB/SWIFT/IBAN:

Full Bank Address:

I confirm that I have not previously been the subject of a claim that would otherwise be covered by the Professional Indemnity Insurance Policy and that after reasonable enquiry I am not aware of any claims or circumstances that might give rise to a claim under the Professional Indemnity Policy.

Signed:

Name: Date: DD MM YYYY

