

| Full Name: | | | | | | | | | | | | | | | | | | | | | |
|------------------------|---|-------------------------|------------------|-------------------|--------|--------|---------|---------|---------|----------------|--------------|---------|-------|--------|--------|--------|--------|--------|--------|--------|------|
| Known as | Title | Foren | iame(s) | | | | | | | Surnar | me | | | | | | | | | | |
| (if different from abo | ove): | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | Foren | iame(s) | | | | | | | Surnar Date | me of Bir | rth: | | | | | | | | | |
| | | | | | | | | | _ | | artmer | | | | | | | | | | |
| | | | | | | | | | _ | Job 7 | | | | | | | | | | | |
| Post Code: | | | | | | | | | _ | | Date | | | | | | | | | | |
| Home Tel. No: | | | | | | | | | | Otart | Date | • | | | | | | | | | |
| | | | | | | | | | | Natio Num | | nsuran | ice | | | | | | | \Box | |
| Mobile Tel. No: | | | | | | | | | _ | | | ve no | ot be | en a | lloc | ated | a N | II Nu | mber | , plea | |
| E-mail address: | | | | | | | | | _ | cont | tact y | your I | loca | l Jol | ocen | tre P | Plus | Offic | ce wi | ithou | t |
| 5 10 10 1 | | | 1 – F | $\overline{}$ | ¬ _ | | | | | dela | ıy (se | e no | te o | n rev | erse | of for | moı | re in | form | ation |). |
| Bank Sort Code: | | | i L | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | numb | | , | | | | | | | | | |
| Bank Account No | | | | | | | | | (wher | n appr | opriate | e): | | | | — | — | | — | | |
| Bank Branch nar | | | _ | | | | | | | | | | | | | | | | | | |
| Name in which b | | | _ | | | | | | | | | | | | | | | | | | |
| mportant Tax | Informatio |)n | | | | | | | | | | | | | | | | | | | |
| Starter Declar | ation - Ente | er an 'x' to | selec | t only | one | of the | follo | wing | staten | nent | s A, I | B or C | | | | | | | | | |
| A or - | This is my and Suppor | rt Allowar | nce, ta | axable | Incap | oacity | / Bene | efit, S | State o | or Oc | cupa | itional | l Pe | nsior | ۱. | | | | | | |
| B | This is now Allowance, Occupation | Employr | ment | | | | | | | | | | | | | | | | | | |
| c | As well as i | my new jo | ob, I h | ave a | nothe | r job | or rec | eive | a Stat | te or | Occi | upatic | onal | Pen | sion. | | | | | | |
| If / when you | | | | | | | | | nploye | r, p | lease | forv | ward | l it | direc | t to | the | e Pa | ıyroll | Offic | e, |
| Room 45 Unive | ersity Office, | , King's C | ollege | 3, Abe | raeen | , ABZ | 24 3F | X | | | | | | | | | | | | | |
| Student Loan | | | | | | | | | | | | | | | | | | | | | |
| Do you have a | student Loa | an which i | is not | fully p | aid? | | Did yo | ou fii | nish yo | our s | tudie | s befo | ore t | the la | ast 6 | April | l? | | | | |
| No | 1 | | | | | | Υ | es/ | | | 1 | No | | | | | | | | | |
| | | | | | | | | | | | | | | * | | | _ | | | | _ |
| Do you have a | student Loa | ın which i | s not | fully p | aid? | | Did yo | ou fii | nish yo | our s | tudie | s befo | ore t | | ast 6 | April | i? | | | | |
| Yes | 1 | | | | | | Y | es/ | | | | | | No | | | 1 | | | | |
| Are you repayi | ng your Stud | dent Loar | n direc | t to th | ne Stu | dent | Loans | 3 | | | | | | | | | | | | | |
| Company by a | greed month | n paymen | ıts? | | | | Υ | es/ | | | | | | | | | | | | | |
| | | | | | | | N | No | | plq | ease i | ndicat | e be | low th | ne tvp | e of s | stude | ent lo | an voı | u have | |
| Ctudopt I | Loan plans | | | | | | • | | Ш | 12.0 | | | | •1 | 7 P | • | | | , | | |
| | ave a Plan 1 | 1 Ctudont | . Loon | ; ; • | | | | | | | | | | | | | | | | | |
| • You Live | ed in Scotlar d in England ave a Plan 2 | nd or Nort d or Wale | thern l s and | Ireland starte | ed you | ır cou | ırse be | efore | 1 Sep | ptem | ber 2 | | our c | ours | e on | or af | fter ' | 1 | | | |
| What type | e of Student | Loan do | you h | ave? | | | Plan | 1 | | | F | Plan 2 | 2 | | | | | | | | |
| I authorise the | | | | | | | | | ny sala | ary a | and a | ny oth | her p | oaym | ents | mad | le in | ı con | nectio | on wit | h my |

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Date:

Signed:



Employee Information Form

| Full Name: | | | | | | | | | | | |
|-------------|---------------------|-----------------------------|---------------------------------------|--|--|--|--|--|--|--|--|
| | Title | Forename(s) | Surname | | | | | | | | |
| Next of Kin | Relationship: | | eg Wife, Husband, Mother, Son, Friend | | | | | | | | |
| Name: | | | | | | | | | | | |
| | Title | Forename(s) | Surname | | | | | | | | |
| | Contact Deta | Address: | | | | | | | | | |
| | | | | | | | | | | | |
| | | Post Code: Home Tel. No: | | | | | | | | | |
| | | Mobile Tel. No: | | | | | | | | | |
| | | Works Tel. No: | | | | | | | | | |
| Emergency C | ontact (if differer | nt from Next of Kin) Re | elationship: | | | | | | | | |
| Name: | | | | | | | | | | | |
| | Title | Forename(s) | Surname | | | | | | | | |
| | Contact Deta | Ails Home Address: | | | | | | | | | |
| | | | | | | | | | | | |
| | | Post Code: | | | | | | | | | |
| | | Home Tel. No: | | | | | | | | | |
| | | Mobile Tel. No: | | | | | | | | | |
| | | Works Tel. No: | | | | | | | | | |

If you have not already been allocated a permanent National Insurance number, you will have to apply for one by telephoning Jobcentre Plus on Tel 0345 600 0643 - lines are open 8.00 am to 6.00 pm Monday to Friday. Please be aware that a National Insurance number which starts TN is not a valid number. If you cannot yet provide your permanent National Insurance number, please do not delay returning this form but communicate directly to the Payroll Office on receipt (payroll@abdn.ac.uk).

Bank Account:

Please be aware your salary can only be paid into a UK bank account. If you cannot provide this prior to starting work, please do not delay returning this form.

HMRC form P45:

Do not delay in completing this form, whether or not you expect to receive form P45 from a previous UK employer.

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