Raphael Contracting Ltd and JMS Specialist Joinery Ltd.
New Starter Form – CIS & PAYE

Personal Details

Full Name:	STEPHEN ROYSTON HORLEY	Title:	MR.
Home Address: 31. ST. GEORGES ROAD LEAMINGTON SPA		Home Tel No:	
		Mobile No:	07873 542 543
		Date of Birth:	31-1-1972
<Town> WARWICKSHIRE	CV31 3AZ <Post Code>	Marital Status:	SINGLE
CSCS Card Reg. & Colour		UTR No:	
E-Mail Address:	DOES NOT USE	NI No:	NY073630D

Work Details

Start Date:	7-6-2021	Probation Period:	3 MONTHS
PAYE / CIS:		Line Manager:	JOHN GOULD
Position/Trade:	LABOURER	Permanent/Temp:	PERMANENT
Salary/Day Rate:	9.50 PER HOUR	Full-Time/Part-Time:	FULLTIME

Bank Details

Bank Name:	HALIFAX	Name on the Account:	S.R. HORLEY
Branch Address: LEAMINGTON SPA 122 THE PARADE		Account No:	11807869
		Sort Code:	11 04 38
<Town> WARWICKSHIRE	CV32 4BG. <Post Code>		

Next of Kin Details

Full Name:	TONY HORLEY	Relationship:	BROTHER
Address: 21. ST. GEORGES ROAD LEAMINGTON SPA		Home Tel No:	07784617950
		Work Tel No:	01926 438982
<Town> WARWICKSHIRE	CV31 3AZ <Post Code>	E-mail Address:	

Additional Information Required

Qualifications Held:

Any Training Requirements:

Languages Spoken:

Any Special Needs (Re Disability)

Please return this form and all other documents as advised by your foreman to Debbie Singh as soon as possible. (Raphael House, 123 Roebuck Rd, Chessington, Surrey KT9 1EU. debbie@raphaelltd.co.uk / 0208 391 9100.

Printed Name:	STEPHEN HORLEY
Signature:	S. Horley
Date:	8-6-21

For Office Use - Document Checklist

Document		Description/Comments
Signed Contract	Yes	
P45	Yes	
Passport/Birth Certificate	Yes	
Qualification Certificates	Yes	
CSCS Card	Yes	
Liability Insurance	Yes	
Employee Number Issued	Yes	

Raphael Contracting Ltd and JMS Specialist Joinery Ltd.

[redacted] – CIS & PAYE

EMERGENCY CONTACT DETAILS

Personal Details

Full Name:	STEPHEN HORLEY	Title:	
Home Address: <Town> <Post Code>		Home Tel No:	
		Mobile No:	
		Date of Birth:	
		Marital Status:	
CSCS Card Reg. & Colour		UTR No:	
E-Mail Address:		NI No:	

Work Details

Start Date:		Probation Period:	
PAYE / CIS:		Line Manager:	
Position/Trade:		Permanent/Temp:	
Salary/Day Rate:		Full-Time/Part-Time:	

Bank Details

Bank Name:		Name on the Account:	
Branch Address: <Town> <Post Code>		Account No:	
		Sort Code:	

Next of Kin Details EMERGENCY CONTACT DETAILS

Full Name:	TONY HORLEY	Relationship:	BROTHER
Address: 21 ST GEORGES ROAD LEAMINGTON SPA WARKS CV31 3AY <Town> <Post Code>		Home/Tel No: MOBILE	07784617950
		Work Tel No:	01926 438 982
		E-mail Address:	

Additional Information Required

Qualifications Held:
Any Training Requirements:
Languages Spoken:
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Printed Name:	STEPHEN HORLEY
Signature:	S-Horley
Date:	8-6-21