



Method of payment and Bank Details confirmation

Name: (Title) Mr, Mrs, Ms, Miss:.....

Bank Name:..... DOB:

Bank Account:

Sort code:

NI:

State method in which you like to be paid, please underline as appropriate.

Paye:

Limited company: Provide copy of your company house certificate

Self Employed: Provide copy of your UTR

AnsaCare Ltd will not take responsibility of any incorrect bank details provided, please ensure you provide your bank details correctly.

I can confirm that the information provided above is true, and that the bank details are correct.

Name:.....

Signature: