



**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:** .....