



**pier consulting**

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# Change of Details form

Agency Worker Name \_\_\_\_\_

Date of Birth

NI Number

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**Please complete the fields in which you are changing or updating:**

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number

Email \_\_\_\_\_

**BANK DETAILS**

Account Holder Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

Account Number

Sort Code

Building Society Number

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**If this is not your account, please have the account holder complete the following:**

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Signature \_\_\_\_\_

Date

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**I confirm that all information supplied above is correct and accurate.**

Signed by Worker \_\_\_\_\_ Date

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**FOR OFFICE USE ONLY**

Amended by \_\_\_\_\_ Date