TUPE Transfer Personal Details- Bank Only



Personal Details	Di	
Title: Surname:	Please Attach Photo	
First Name(s):	Here	
Maiden/Previous Name:		
Date of Birth:/		
National Insurance Number:		
Home Address:		
		
Postcode:		
E-mail Address:		
Home Telephone Number: Mobile Number:		
Male Nationality:		
Proof of ID + Colour Photocopy		
□ Valid Passport (any nationality) + valid Visa or Work Permit (if applicable).		
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Bank Details		
Bank/Building Society:	Branch:	
Account Holders Name:	Roll Number:	
Bank/Building Society Account Number:	Sort Code:	
Are these your current bank details held with Trust	□ No	
NHS Pension – please read all statements and tick the mos	st appropriate to you	
I am a member of the NHS Pension Scheme and wish to continue to contribute to the scheme through my engagement with NHS Professionals.		
I have a personal contract with NHS Pensions to pay additional voluntary contributions with NHS Pensions, I will provide details once contacted by the NHSP Pension Team.		
I would contribute to the NHS Pension Scheme through my engagement with NHS Professionals but I hold a full time 37½hour per week post with the Trust and contribute to the NHS Pension in that post, I am therefore ineligible to contribute further at this time.		
I did not contribute on my bank work prior to transfer and do not wish to contribute to the NHS Pension Scheme through my engagement with NHS Professionals.		
I am already in receipt of my NHS Pension and I'm therefore ineligible to contribute to the NHS Pension through my NHS Professionals engagement.		
Emergency Contact Details		
Name: Relationsh	ip:	
Telephone Home:		
Telephone Work:		
Telephone Mobile:		
<u>Declaration</u>		
I consent to the disclosure of the information from this form between NHS Professionals and NHS Shared Business Services for HR and Payroll purposes. In addition, I consent to my details being disclosed to any Government Agencies as may be required from time to time, to assist in the detection and/or prevention of crime.		
I will advise NHS Professionals of any changes in writing.		
I declare the information I have given on this form is true and complete to the best of my knowledge.		
Signed:	Date:	
NUSD Panracontativa		
NHSP Representative		
Document seen by: Date:		