



**Maxim Care** <sup>TM</sup>  
**SERVICES**  
 providing maximum care

## PERSONAL OR FINANCIAL DETAILS

I am a new starter at Maxim Care Services

I wish to amend my existing Personal/Financial/ Details

Please Complete in BLOCK LETTERS			
Title:		Date of Birth:	
First Name:		NI Number:	
Surname:			
Address:			
		Postcode:	

**NEW STARTERS:** Please fully complete this form. Existing candidates, please only complete the sections that you wish to amend.

<i>Please note that if you wish to be paid via a Limited Company, Maxim Care Services can only accept Limited Company Bank Account information.</i>			
Bank/Building Society Name:			
Bank/Building Society Address:			
		Postcode:	
Account Holder's Name:			
Sort Code (6 Digits):			
Acc. No. (8 Digits Except Lloyds):			
Roll No. (If applicable):			

I confirm the above information is correct:

Signed:	
Date:	
Payroll No. (Office use only)	