

Employer Registration...

Please complete the registration form below or register online at www.GemelliEmployeeBenefits.co.uk
Any questions please call us on 01280 851113...we're here to help.

Your Details

Name:	Mr / Mrs / Miss / Ms / Other
Job Title:	
Phone:	
Email:	

Company Details

Company Name:			
Address:			
Postcode:			
Fax:			
Registration No:		PAYE Ref.	
No. Employees		No. Sites:	
Payroll Run Date:		Pay Date:	
Payroll Email:		Purchase Ledger Email:	
Invoice Method:	<input type="checkbox"/> Direct Debit <input type="checkbox"/> BACS		

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Fax completed forms: f. 01280 850064 - Scan and email: enquiries@GemelliEB.co.uk
Or post: Gemelli Solutions Limited, Gemelli House, Wood Green, Buckingham. MK18 5DZ.

Employer Registration...

Services/Schemes Required:	
Preferred Method of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Face to Face (by appointment)
How did you hear about us?	<input type="checkbox"/> Accountant/HR Advisor <input type="checkbox"/> Internet Search
	<input type="checkbox"/> Recommendation <input type="checkbox"/> Other:.....

Your Agreement

I confirm that the information I have given is accurate and that Gemelli may contact me using the details I have provided.

Data Protection

The information that you provide on this form will be used in a confidential manner to help us process your request to use one of the services we provide to your employer. We abide by the Data Protection Act and General Data Protection Regulations. We are conscious of only taking the personal data from you that we require and will keep it safe and secure. We may need to take limited details about you to process this application. You can find details of how we process your personal data in our [Privacy Policy](#) on our website.

I confirm that I understand and agree to the Data Protection Statement above and the terms of Gemelli's Privacy Policy.

Signed:	
Print Name:	
Date:	