



## Updating Employer Details

Please note that the terms in bold in this form are defined within the Payroll Giving **Conditions** found in the Payroll Giving Pack, available in the downloads section of our website.

**Employer Details**

Name:  Entity Type (e.g. LTD/LLP/PLC):

Registered No:  Registered Country:

Address:  Post Code:

**First Point of Contact**

The individual and details given below will be your first point of contact with **Charitable Giving** (e.g. your HR Manager/CSR)

First name:  Surname:

Email:  Telephone:

**Payroll Administrator**

The individual or third party who is responsible for payroll administration and will receive any payroll amendment requests

First name:  Surname:

Address:  Post Code:

Email:  Telephone:

**Payroll Details**

The Employer's payroll details are as follows:

Frequency:  Monthly  4-Weekly  Weekly

Tax District:  Tax Reference:  No. of employees (incl. Directors) on the payroll:

Signature:  Print name:

Date (DD/MM/YY):

Role/Title:

For office use only:

CG ref:  Updated Date (DD/MM/YY):  Updated by:

Upon completion, please return this form to: Charitable Giving, Union Mine Road, Pitts Cleave, Tavistock, Devon, PL19 0NS  
or email to: [mail@charitablegiving.co.uk](mailto:mail@charitablegiving.co.uk)

