



## 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:          | <input type="text"/>            | Entity Type (e.g. LTD/LLP/PLC): | <input type="text"/> |
| Registered No: | <input type="text"/>            | Registered Country:             | <input type="text"/> |
| Address:       | <input type="text"/>            |                                 |                      |
|                | Post Code: <input type="text"/> |                                 |                      |

### **Approved Contact**

The individual and details given below will be your first point of contact with **Charitable Giving**, other than your **Payroll Administrator**

|             |                      |            |                      |
|-------------|----------------------|------------|----------------------|
| First name: | <input type="text"/> | Surname:   | <input type="text"/> |
| Email:      | <input type="text"/> | Telephone: | <input type="text"/> |

### **Payroll Administrator**

Please enter the details of the individual or third party who is responsible for payroll administration.

|             |                                 |            |                      |
|-------------|---------------------------------|------------|----------------------|
| First name: | <input type="text"/>            | Surname:   | <input type="text"/> |
| Address:    | <input type="text"/>            |            |                      |
|             | Post Code: <input type="text"/> |            |                      |
| Email:      | <input type="text"/>            | Telephone: | <input type="text"/> |

### **Payroll Details**

The Employer's payroll details are as follows:

|               |                              |  |                             |
|---------------|------------------------------|--|-----------------------------|
| Frequency:    | <input type="text"/> Monthly | <input type="text"/> 4-Weekly                      | <input type="text"/> Weekly |
| Tax District: | <input type="text"/>         | Tax Reference:                                     | <input type="text"/>        |
|               |                              | No. of employees (incl. Directors) on the payroll: | <input type="text"/>        |

|             |                      |                  |                      |
|-------------|----------------------|------------------|----------------------|
| Signature:  | <input type="text"/> | Print name:      | <input type="text"/> |
|             |                      | Date (DD/MM/YY): | <input type="text"/> |
| Role/Title: | <input type="text"/> |                  |                      |

For office use only:

|         |                      |                          |                      |             |                      |
|---------|----------------------|--------------------------|----------------------|-------------|----------------------|
| CG ref: | <input type="text"/> | Updated Date (DD/MM/YY): | <input type="text"/> | Updated by: | <input type="text"/> |
|---------|----------------------|--------------------------|----------------------|-------------|----------------------|

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)

