



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

Signature:	Print name:
Date (DD/MM/YY):	
Role/Title:	

For office use only:

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