

Umbrella Company Questionnaire

Please complete and return to Minerva Nursing Ltd prior to commencing your first assignment.

THIS FORM IS ONLY FOR USE BY THOSE CANDIDATES WHO ARE PAID DIRECTLY BY AN UMBRELLA ORGANISATION

Agency Worker Name:

UMBRELLA COMPANY NAME:	ADDRESS OF UMBRELLA COMPANY
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I have attached a copy of my Umbrella Company Contract which contains an option to opt out of the auto enrolment pension scheme (Payments cannot be processed until a copy is received)

No	QUESTION
1	I confirm my Umbrella Company accounts to HMRC for all UK PAYE and NIC (National Insurance Contributions) deductions from all remuneration received. If this is not the case please include details below:
2	I confirm my Umbrella Company complies with all relevant UK Tax legislation including without limitation the Income Tax (Earnings and Pensions) Act 2003 (ITEPA) as amended. If this is not the case please include details below:

Declaration

By completing and signing this Questionnaire you declare that:

- (i) You are authorised to complete and sign this questionnaire;
- (ii) All of the above information is accurate, true and not misleading;
- (iii) You will immediately inform Minerva Nursing Ltd of any changes to any of the information in this questionnaire.

Signed for an on behalf of the Agency Worker:

Date: Print Name:.....