

Limited 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 THEIR LTD COMPANY AND NOT SOLELY VIA AN UMBRELLA ORGANISATION

Limited company name: <p style="text-align: center;">(the Company)</p>	Address of registered office:
Company house number:	Country of incorporation:
Director(s):	Name of the individual completing the form:

No	Question
1	<p>I confirm my Ltd Company does not use the services of any 3rd party, any service provider or another company as a service provider (other than a recruitment agency or a firm that is solely providing legal or accountancy advice in a professional capacity) to deliver the work product.</p> <p><i>If this is NOT the case, please provide the 3rd party's name & address and any trading name below</i></p>
2	<p>I confirm where there is a 3rd party the 3rd party does not influence or control my Company's finances or any of its activities, including how the calculation of payments to individual Workers are made.</p> <p>If this is not the case please include details below:</p>
3	<p>I confirm where there is a 3rd party the 3rd party does not benefit financially on an ongoing basis from its involvement in the provision of my Ltd Company's services.</p> <p>If this is not the case please include details below:</p>
4	<p>I confirm my Ltd Company does not engage with any intermediaries, whether onshore (either an incorporated or unincorporated body in the UK) or offshore (either an incorporated or unincorporated body outside the UK) in any part of the contracting chain between the company and the individual worker. An unincorporated body includes entities such as partnerships.</p> <p>If this is not the case please include details below:</p>

5	<p>I confirm the Company does not engage any individual Workers on a self-employed basis, e.g. as a sole trader or as a member of an unincorporated partnership.</p> <p>If this is not the case please include details below:</p>
6	<p>I confirm that I am the Director of my Ltd Company.</p> <p>If this is not the case please include details below:</p>
7	<p>I confirm I receive regular remuneration from my Ltd Company.</p> <p>If this is not the case please include details below:</p>
8	<p>I confirm my Ltd Company accounts to HMRC for all UK PAYE and NIC (National Insurance Contributions) deductions from all remuneration received by my Ltd Company (other than allowable business expenses).</p> <p>If this is not the case please include details below:</p>
9	<p>I confirm my Company complies with all relevant UK Tax legislation including without limitation the Income Tax (Earnings and Pensions) Act 2003 (ITEPA) as amended.</p> <p>If this is not the case please include details below:</p>

Personal Guarantee

In consideration of Minerva Nursing Ltd providing work finding services to the Ltd Company in reliance on the responses to this Questionnaire, the Company’s Director named below personally guarantees to Minerva Nursing Ltd the declaration set out below and personally indemnifies Minerva Nursing Ltd on demand against all losses whether arising under statute, contract or at common law which Minerva Nursing Ltd may suffer or incur as a result of, or in consequence of reliance on the responses in this Questionnaire and/or the Company’s failure to comply with the all relevant UK PAYE and NIC legislation.

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 Ltd Company: _____(Director)

Date: _____ Print Name: _____