

Before rolling this scheme out to your employees you must first register as a new partner by completing this form. Should you have any questions whilst completing this form, please email us at: info@yourcb.org.uk or call us on: 020 3468 8568 and we will be more than happy to assist you.

Company Information

Company Name	
Registered Company Address (including postcode)	
HR Manager Contact Name	
Phone Number	
Email Address	
Payroll Manager Contact Name	
Phone Number	
Email Address	

Payroll Information

Employee Pay Date	
Cut-off Date for Payroll Changes	
Payroll Frequency (for e.g. Fortnightly, Monthly)	
Transfer Date (ideally within 5 working days of the Employee Pay Date)	

Payroll Manager Signature: _____ Print Name: _____

Date: _____