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KKL PAYROLL GIVING AGENCY
Ref: PR36

KKL PAYROLL GIVING AGENCY

Company Details

Name of Company, Subsidiary of Group which has signed the contract:

Name _____

Address _____

_____ Postcode _____

Telephone _____ Fax _____

Primary Contact

Title _____ Name _____ Position _____

Payroll Details

Contact for payroll queries (if different):

Title _____ Name _____ Position _____

Payroll location (if different):

Address _____

_____ Postcode _____

Telephone _____ Fax _____

Payroll Frequency Monthly/4 Weekly/Weekly

(Please complete a separate form for each payroll location)

Tax District _____ Tax Reference _____