



MAYDAY locums

Primary Care Recruitment Experts

Self Employed Declaration Form

Please complete the spaces below and return it to us as soon as possible

LOCUM DETAILS

PRINT NAME: _____

ADDRESS: _____

POST CODE: _____

NATIONAL INSURANCE NUMBER: _____

UNIQUE TAX REFERENCE NUMBER: _____

I hereby confirm that I am registered as Self Employed and take full responsibility for all Income Tax and National Insurance payments on my gross earnings from MAYDAY locums Ltd.

SIGNATURE: _____ DATE: _____