

Register as an employer - Limited Company with up to 2 directors

*indicates required information	
Agent information Are you an agent acting on behalf of an employer engaging subcontractors? If 'Yes' please tick the 'Agent' box below.	
Business details	
Company Unique Taxpayer Reference:	
Company name: *	
Trading name (if appropriate):	
Company Registration Number:	
Business address line 1 (not a PO* Box number):	
Business address line 2:*	
Business address line 3:	
Postcode: *	
Please tick the box below if this is your registered office address.	
	Registered office
Registered office address (if different	to business address).
Registered office address line 1:	
Registered office address line 2:	
Registered office address line 3:	
Postcode:	
Business telephone number:	
Nature of business being * registered:	
Are you providing new employer deta box below.	ils to operate an Occupational Pension Scheme? If 'Yes' please tick the

Occupational Pension Scheme

Have you already made payments to employees? If 'Yes' please tick the box below.		
	Yes, payments already made	
Please enter the first pay date or first your employees below.	date you made payments of expenses and/or provided benefits to	
Date of any payments or benefits* paid:	dd/mm/yyyy	
Please enter below the number of em	ployees you employ or expect to employ in this tax year.	
Number of employees (including * paid directors):		
Will you be engaging any subcontract tick the box below.	ors in the construction industry during this tax year? If 'Yes' please	
	Yes, I'll be engaging subcontractors	
If your business is a limited company deductions taken from payments? If '		
	Yes, I'm intending to reclaim CIS deductions	
Do you intend to provide expenses an	d benefits to your employees? If 'Yes' please tick the box below.	
	Yes, I'm intending to provide expenses & benefits	
Contact details		
Contact email address: *		
Contact telephone number: *		
Correspondence name:		
Correspondence address (if different t	to business address).	
Correspondence address line 1:		
Correspondence address line 2:		
Correspondence address line 3:		
Postcode:		
Director details		
Director 1		
Director's name: *		
National Insurance number: *		
Director 2		
Director's name:		
National Insurance number:		

After you click the 'Next' button you will see a preview page summarising the information you have provided. If this page is not displayed, please use the scroll bar to locate any missing or incorrect entries highlighted in red.

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