



**CONTRACTOR REGISTRATION FORM**

PLEASE NOTE THIS FORM MUST BE SIGNED AND SENT BACK TO US ELECTRONICALLY BY EMAIL.

COMPLETING THIS FORM DOES NOT OBLIGATE YOU TO INSTRUCT INTERNATIONAL UMBRELLA AND SIMPLY INFORMS US AND ENABLES US TO SERVE YOU TO THE BEST OF OUR ABILITY STRICTLY OBSERVING COMPLIANCE DEMANDS AND TAX EFFICIENCY.

**REGISTRATION INFORMATION**

Title & First Name:

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Middle Names:

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Family Name :

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*Please use all names according to your passport – a photocopy which should accompany this form.*

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Date of registration: (most probably today's date)

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Address where you are a permanent resident: ***Please note that we will only support those contractors who have a permanent place of residence:***

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COUNTRY: \_\_\_\_\_

How long have you lived at the above address?: \_\_\_\_\_

Address while you working on this project ?:

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COUNTRY: \_\_\_\_\_ How long will you be staying at above address?: \_\_\_\_\_

In which countries have you been working in the twelve months prior to starting this work assignment and for how long? \_\_\_\_\_

Contact Telephone Numbers:

Home : \_\_\_\_\_

Mobile: \_\_\_\_\_

Work : \_\_\_\_\_

Emergency : \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Where you born? Town and Country : \_\_\_\_\_

Nationality : \_\_\_\_\_

Marital Status : Married / Single \_\_\_\_\_

Number of Dependent children: \_\_\_\_\_

NI Number / SOFI etc : \_\_\_\_\_

Details of Private Insurance held (Medical) : \_\_\_\_\_

In which country and by which supplier is this provided for you? \_\_\_\_\_

Partner/Spouse Name: Full Name

Authority to communicate with partner/spouse : **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Contact Numbers (if different from above) :

First three letters of your mother's family name : \_\_\_\_\_

Industry Profession: \_\_\_\_\_

Job Title : *(Please do note state Project Manager)* \_\_\_\_\_

What do you ACTUALLY do?

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Do you require Professional Indemnity Insurance?: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

(This information is necessary and the contract you sign with your recruitment company and/or end client will determine this requirement)

Please also state if you have your own PI Insurance and the supplier: \_\_\_\_\_

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**Bank Details IN FULL AND POSTAL ADDRESS IN FULL:**

**Name in which the Account is held:**

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Account Number : \_\_\_\_\_ Sort Code \_\_\_\_\_

**IBAN NUMBER :** \_\_\_\_\_ **SWIFT NUMBER** \_\_\_\_\_

Name of the bank :

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Which is your current (most recent) umbrella company ?:

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How did you hear of International Umbrella?

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**CONTRACT DETAILS:**

Start Date of contract: \_\_\_\_\_ End date of contract \_\_\_\_\_

*(We appreciate that there may be extended period beyond the end date given here. International Umbrella impose a minimum three month period of engagement and so a minimum of three months charges. )*

**End client you will be working for:**

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Full Trading Name of Client:

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Full Address:

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Contact name of Client Company and Contact details: \_\_\_\_\_

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Email Address :

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**COUNTRY OF WORK (Where you will be working)?** \_\_\_\_\_

Agreed Rate of Pay \_\_\_\_\_ Frequency \_\_\_\_\_

Currency : (which currency you will be paid in?) \_\_\_\_\_

Billable expenses? (Will we need to collect expenses from the client?) YES \_\_\_\_\_ NO \_\_\_\_\_

**Recruitment Agency Details:**

Full Name of Company: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_ COUNTRY: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Their Email Address: \_\_\_\_\_

***It is possible that International Umbrella will need to invoice electronically to a difference place and email address:-***

Email Address ***From which we will we receive your gross earnings*** : \_\_\_\_\_

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To which firm : \_\_\_\_\_

To which Address:

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In which country:

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Are you registered for residency purposes in your country of work? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you require a UK/EU Work Permit? \_\_\_\_\_ YES \_\_\_\_\_ NO

***International Umbrella Ltd DO NOT provide a permit or visa to allow you to work in certain countries – please check.***

Do you have Foreign Health Insurance in place? Mandatory \_\_\_\_\_ Private \_\_\_\_\_ None \_\_\_\_\_

Name of Foreign Health Provider

\_\_\_\_\_

Foreign Health Registration Number: \_\_\_\_\_

Tax Reference Number: \_\_\_\_\_

French Social Insurance Number: \_\_\_\_\_

Germany – Do you have a current Wage Tax Card: \_\_\_\_\_

Luxembourg – Social Insurance Number: \_\_\_\_\_

Netherlands – BSN/Sofi Number: \_\_\_\_\_

Spain – Identify Number (NIE) \_\_\_\_\_

Ireland – PPS Number: \_\_\_\_\_

Others: \_\_\_\_\_

***DECLARATION: THIS FORM MUST BE SIGNED PLEASE***

To the best of my knowledge I have provided the correct answers to the sections above in this four page document. I authorise you to contact any recruitment company or my end client as necessary as I appreciate that will you need to get involved in this assignment which I intend to start/have started.

I have read about International Umbrella on your website [www.internationalumbrella.com](http://www.internationalumbrella.com) and accept that I may be employed as a contractor or as a freelancer to carry through this work assignment.

Send your completed form to [heather.truepenny@internationalumbrella.com](mailto:heather.truepenny@internationalumbrella.com) with a copy to [antony.edwards@internationalumbrella.com](mailto:antony.edwards@internationalumbrella.com) . International Umbrella charge 5% of invoice value for all umbrella service support arrangements and in some countries 6%.

***Signature : \*A SIGNATURE MUST BE ADDED HERE***

\* \_\_\_\_\_ \*

FULL Name: \_\_\_\_\_

I confirm that I have a legal right to work in the country/countries where I am intending to work.

I confirm that I have received a copy of INTERNATIONAL UMBRELLA's DISPENSATION letter from the revenue and a list of allowable claimable expenses.

Today's Date: \_\_\_\_\_

***\*PLEASE SEND A PHOTOCOPY OF YOUR PASSPORT TO US WITH THIS FORM***

*Thank you for your patience in completing this form, it will help us to help you and ensure full compliance is observed. Only by asking these questions can International Umbrella Ltd make a professional assessment of your needs and explore the options which may be open to you. The aims are full compliance and a high degree of tax efficiency. Where we can we will give a contractor the benefit of reduced taxation on receipt of monthly legitimate approved expenses claims.*

*In some countries this is NOT possible and claims must instead be made at the end of the tax year in whichever country by making a declaration of income and expenses at that time.*

**Contract:** *You should share your contract (draft or actual) documents with International Umbrella Ltd – so that we can provide you with a FULL advice service at no charge. It is essential that International Umbrella are confident in the manner and method by which we support all contractors as we have a responsibility to serve you with excellence and to the appropriate revenue offices around Europe. We do not operate in Canada or North America and some other parts of the world.*