

SITE SAMURAI

SUBCONTRACTOR ONBOARDING FORM

Construction Industry Scheme (CIS) — New Subcontractor Registration

Important: Please complete all sections accurately. The information provided will be used for CIS verification with HMRC. Incorrect information may result in higher rate deductions being applied.

1. BUSINESS DETAILS

Legal Business Name *:

Trading Name (if different):

Business Type *:

Sole Trader

Limited Company

Partnership

LLP

Registered Business Address *:

Postcode *:

Telephone:

Email *:

2. CIS VERIFICATION DETAILS (Required)

Unique Taxpayer Reference (UTR) * (10 digits):

National Insurance Number * (Sole Trader/ Partner):

Company Registration Number * (Limited Company):

Partnership UTR (if applicable):

Do you hold Gross Payment Status? *

Yes

No

Application Pending

3. CONTACT PERSON

Primary Contact Name *:

Position:

Contact Telephone:

Contact Email:

4. BANK DETAILS (For Payment)

Bank Name:

Account Name:

Sort Code:

Account Number:

5. INSURANCE & COMPLIANCE

Public Liability Insurance (Y/N):

PL Insurance Expiry Date:

Employers Liability Insurance (Y/N):

EL Insurance Expiry Date:

Professional Indemnity (Y/N):

PI Insurance Expiry Date:

CSCS / Trade Cards Held:

6. DOCUMENT CHECKLIST (Attach Copies)

Please provide copies of the following documents with this completed form:

- UTR number confirmation letter from HMRC
- Company registration certificate (if limited company)
- National Insurance number (if sole trader / individual)

DECLARATION

- I confirm that the information provided on this form is accurate and complete. I understand that this information will be used for CIS verification with HMRC and that providing false information may result in penalties. I agree to notify you promptly of any changes to the information provided.
- I understand that CIS deductions will be made from payments at the appropriate rate as determined by HMRC verification, and that I will receive a payment details confirmation (bank statement header or void cheque)

Signature:

Date:

Name: _____

Name: _____

Position: _____

Position: _____

Date: ___/___/_____

Date: ___/___/_____

FOR OFFICE USE ONLY

Verification Date:

Verification Number:

Deduction Rate:

Processed By:

Date Added to System: