|  |
| --- |
| **“Production Name”**  **BOOKING FORM**  **Accs approved □ LP approved □ Contract submitted □** |

NAME**:**

ROLE:

PROGRAMME:

PAYE / SCHEDD**:**

AGENT DETAILS**:**

COMPANY DETAILS**:**

DEPT RAISING REQUEST**:**

CONTRACT DATES**:**

**From/to:**

**From/to:**

**Prep:**

**Shoot:**

TOTAL WEEKS AND DAYS TO PAY:

FEE/SALARY: BASED ON 6 DAY BUY-OUT**:**

WORKING TIME LEAVE ENTITLEMENT**:**

BOX RENTAL**:**

ADDITIONAL PAYMENTS**:**

UPDRADES/CHANGES**:**

**PERSONAL DETAILS**

**TITLE:**

**NAME (as appears on passport):**

**D.O.B.**

**GENDER:**

**ADDRESS:**

**PHONE NUMBER:**

**EMAIL:**

**NATIONAL INSURANCE NO:**

**BANK ACCOUNT NAME:**

**BANK:**

**SORT CODE:**

**ACCOUNT NUMBER:**

**VAT NUMBER (if applicable):**

**EMERGENCY CONTACT DETAILS:**