## ellie nee

## ellie nee registration form

NAME: Ploy Jeana Boal

EMAIL: ployboal@gmail.com

TITLE: ms

PLEASE FILL OUT THE FOLLOWING INFORMATION:

FIRST NAME ON PASSPORT : Ploy

**SURNAME**: Boal

ADDRESS: 107 Kennedy Road

WU 1JW

**HOME TEL**: 07940351004

**MOBILE**: 07940351004

EMAIL: ployboal@gmail.com

**TWITTER**: [text-twitterhandle]

**GOOGLE** + PROFILE NAME : [text-googleplus]

**NATIONALITY**: British

**NEXT OF KIN NAME**: Man Chong Li

**NEXT OF KIN CONTACT**: 07989960215

DO YOU HAVE A WORK PERMIT OR VISA TO WORK IN THE UK?: NO

**DO YOU HAVE ANY CRIMINAL CONVICTIONS? : NO** 

REFERENCES:

REFERENCE 1. PLEASE FILL OUT THE FOLLOWING INFORMATION:

**COMPANY NAME**: Zero Degrees West

**START DATE**: May 2014

END DATE: June 2018

**POSITION HELD**: Motion Graphic Desgner

**LINE MANAGER NAME**: Bobby Long

LINE MANAGER JOB TITLE : Art Director

**EMPLOYER ADDRESS**: 22 Stukeley Street

WC2B 5LR

**EMPLOYER PHONE NUMBER**: 02074620400

 $\pmb{EMPLOYER\ EMAIL}: bobby @zero degrees west.com$ 

REFERENCE 2. PLEASE FILL OUT THE FOLLOWING INFORMATION:

**COMPANY NAME**: Hogarth Worldwide

**START DATE**: April 2011

**END DATE**: May 2014

**POSITION HELD**: Motion Graphic Designer

LINE MANAGER NAME: Kevin Lee McQuade

LINE MANAGER JOB TITLE : Senior Motion Graphic Designer

**EMPLOYER ADDRESS**: N/A

**EMPLOYER PHONE NUMBER**: 07984745486

**EMPLOYER EMAIL**: kevinleemcquade@gmail.com

PAYMENT DETAILS:

(PLEASE COMPLETE IF LOOKING FOR FREELANCE OR CONTRACT POSITIONS)

PLEASE SELECT A PAY TYPE : LTD

THE FOLLOWING INFORMATION IS REQUIRED FOR ellie nee PAYROLL AND HMRC INTERMEDIARY REPORTING - TIMESHEETS CANNOT BE PROCESSED WITHOUT THIS INFORMATION:

PLEASE SELECT A PAY TYPE: LTD

NAME OF LIMITED/UMBRELLA COMPANY : Ploy Boal

**LIMITED COMPANY UMBRELLA ADDRESS**: [text-ltdumbrellacompanyaddress3]

PLEASE SELECT A PAY TYPE [checkbox\* checkbox-paytype "PAYE" "LTD" "UMBRELLA COMPANY"]

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NAME OF LIMITED/UMBRELLA COMPANY REGISTRATION NUMBER: Ploy Boal Ltd

**VAT REGISTRATION NUMBER** : Not yet known

NI NUMBER: PA304206C

**GENDER**: Female

**DATE OF BIRTH**: 14/06/87

WORKING TIME DIRECTIVE (PLEASE FILL OUT IF LOOKING FOR FREELANCE OR CONTRACT POSITION)

I CAN CONFIRM THAT I AM HAPPY TO VOLUNTARILY OPT OUT OF THE 48 HOUR WORKING

WEEK, ALLOWING ME TO WORK MORE THAN 48 HOURS PER WEEK WHEN NECESSARY. IF I CHANGE MY MIND, I AGREE TO GIVE ellie nee 3 MONTHS WRITTEN NOTICE TO END THIS AGREEMENT. PLEASE SIGN BELOW

**TICK HERE**: YES

**DATE**: 21/07/18