ellie nee

ellie nee registration form

NAME: Leon Elliott

 $\pmb{EMAIL}: dorrell.lynch@gmail.com$

TITLE: mr

PLEASE FILL OUT THE FOLLOWING INFORMATION:

FIRST NAME ON PASSPORT : Dorrell

SURNAME: Lynch

ADDRESS: 14a Acton Lane

London NW10 8TS

HOME TEL : n/a

MOBILE: 07931281765

 $\pmb{EMAIL}: dorrell.lynch@gmail.com$

TWITTER:

GOOGLE + PROFILE NAME :

NATIONALITY: British

NEXT OF KIN NAME : Feriel Eissa-Lynch

NEXT OF KIN CONTACT: 07771792186

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: Absolute Post

START DATE: 2009

END DATE: 2016

POSITION HELD: 3D Artist

LINE MANAGER NAME: Matt Burn

LINE MANAGER JOB TITLE: 3D Supervisor

EMPLOYER ADDRESS: Absolute Post

8 Poland Street, Soho London W1F 8PX

EMPLOYER PHONE NUMBER: 07718061779

EMPLOYER EMAIL: matt.burn@absolutepost.co.uk

REFERENCE 2. PLEASE FILL OUT THE FOLLOWING INFORMATION:

COMPANY NAME: Smoke & Mirrors

START DATE: June 2017

END DATE: varied

POSITION HELD: 3D Artist

LINE MANAGER NAME: Dil Bhakar

LINE MANAGER JOB TITLE: 3D Supervisor

EMPLOYER ADDRESS: Smoke & Mirrors

1-5 Poland Street London W1F 8PR

EMPLOYER PHONE NUMBER: 0207 468 1000

EMPLOYER EMAIL: dil.bhakar@wlt.com

EMPLOYMENT HISTORY:

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

EMPLOYER:

EMPLOYER NAME: Freelance: Smoke & Mirrors

EMPLOYER ADDRESS: [textarea-employersaddress3]

CONTACT NUMBER: 0207 468 1000

EMAIL:

START DATE: April 2018

END DATE: April 2018

DAY RATE: £250 (special rate for S&M only)

LINE MANAGER: Dil Bhakar

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: Think CGI Ltd

LIMITED COMPANY UMBRELLA ADDRESS: [text-ltdumbrellacompanyaddress3]

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

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

NAME OF LIMITED/UMBRELLA COMPANY REGISTRATION NUMBER: 10688194

VAT REGISTRATION NUMBER : n/a

NI NUMBER: JN765815D

GENDER: Male

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

DATE OF BIRTH: 14/05/1984

TICK HERE: YES

DATE: 24/06/2018