



# COMPANY DIRECTOR'S FORM

**CLAIM:**

**NAME:**

**ADDRESS:**

| Company 1:  |                                    |                             |
|---|------------------------------------|-----------------------------|
| Name of Company   |                                    |                             |
| If registered with Companies House:   |                                    |                             |
| The registration number   |                                    |                             |
| Date of registration  |                                    |                             |
| If not registered: Date of application to register                                  |                                    |                             |
| Date accounts next due  |                                    |                             |
| Hours worked per week (on average)  |                                    |                             |
| Do you receive any income or other payments or take any drawings from this company? | Yes <input type="checkbox"/>       | No <input type="checkbox"/> |
| If Yes, please give details:  | Amount (£)<br>(If nil state "nil") | Frequency                   |
| Director's fee  | £                                  |                             |
| Salary/wage   | £                                  |                             |
| Other (please state)  | £                                  |                             |
| Company 2:  |                                    |                             |
| Name of Company   |                                    |                             |
| If registered with Companies House:   |                                    |                             |
| The registration number   |                                    |                             |
| Date of registration  |                                    |                             |
| If not registered: Date of application to register                                  |                                    |                             |
| Date accounts next due  |                                    |                             |
| Hours worked per week (on average)  |                                    |                             |
| Do you receive any income or other payments or take any drawings from this company? | Yes <input type="checkbox"/>       | No <input type="checkbox"/> |
| If Yes please give details:   | Amount (£)<br>(If nil state "nil") | Frequency                   |
| Director's fee  | £                                  |                             |
| Salary/wage   | £                                  |                             |

|                      |   |  |
|----------------------|---|--|
| Other (please state) | £ |  |
|----------------------|---|--|

| Company 3:   |                                    |           |
|--|------------------------------------|-----------|
| Name of Company  |                                    |           |
| If registered with Companies House:<br>The registration number<br>Date of registration   |                                    |           |
|  |                                    |           |
|  |                                    |           |
| If not registered: Date of application to register   |                                    |           |
| Date accounts next due   |                                    |           |
| Hours worked per week (on average)   |                                    |           |
| Do you receive any income or other payments or take any drawings from this company? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |           |
| If Yes please give details:<br><br>Director's fee<br><br>Salary/wage<br><br>Other (please state)   | Amount (£)<br>(If nil state "nil") | Frequency |
|  | £                                  |           |
|  | £                                  |           |
|  | £                                  |           |
| Do the amounts shown represent your expected income/payments for the foreseeable future (6 to 12 months)? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |           |
| If No, please clarify on a separate piece of paper what your income is/payments received are at present and for the foreseeable future   |                                    |           |
| Has there been any recent change in a company's activities affecting your income? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |           |
| If Yes, please provide details of the change on a separate piece of paper  |                                    |           |
| Is your income likely to change in the near future? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |           |
| If Yes, please provide details on a separate piece of paper  |                                    |           |
| <b>For each company please provide the following:</b>  |                                    |           |
| <ul style="list-style-type: none"> <li>• Proof of your income/payments received: if you are paid monthly – your last two months payslips, if you are paid weekly – your last five payslips.</li> <li>• The latest set of accounts (profit and loss and balance sheet)</li> <li>• The Memorandum of Association</li> <li>• The Articles of Association</li> </ul> |                                    |           |
| <i>Please use a separate piece of paper to tell us anything else you think we might need to know about</i>   |                                    |           |
| <b>If you are sending a separate sheet of paper, clearly write your name and address on it and tick this box</b> <input type="checkbox"/>  |                                    |           |
| <b>DECLARATION. WARNING: If you give us false information we may prosecute you.</b>  |                                    |           |
| As far as I know the information I have given on this form is true and complete.   |                                    |           |
| I understand that if I give false information, you will not pay me any benefit.  |                                    |           |
| I understand that you may use the information I have given on this form to prevent and detect fraud.   |                                    |           |
| I have read and understood this declaration.   |                                    |           |
| Signature:   | Date:                              |           |