

UK Border Agency



Payment Slip - Single Application

For multiple applications please use the WRS multiple payment slip.

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Section A: Contact details of the person paying for the application																						
1 Title	Mr			Mrs		N	Miss			Ms		0	ther	(plea	ase s	tate)						
2 Contact name																						
3 House number and street																						
4 Town																						
5 County																						
6 Post code									7	You	r ret	fere	nce							L		
Please complete lines 8-12 if details for a refund are different to the contact name and address above.																						
8 Payee / Company name																						
9 House number and street																						
10 Town																						
11 County																						
12 Post code																						
Section B: Details of the applicant																						
13 Is this application to be paid for? ☐ Yes ☐ No (Please tick appropriate box)																						
14 Please tick whether you have National Identity card	inclu	ıded	lap	ass	port	or			Pas	spo	rt		Nat	iona	ıl Ide	entit	у Са	ard				
15 Surname/family name																						
16 First names																					Π	
17 Date of birth	F																•					
	d	d	m	m	У	У	У	у														
18 Name of UK employer	L																					
19 Nationality (Please select your nationality by ticking the appropriate box)																						
		Cze						Esto		n					ngari						vian	
		Lith						Poli						Slo	vaki	an —			L	Slo	veni	an
Section C: Payment details – please complete where appropriate																						
20 Method of payment UK Postal order ☐ UK Cheque ☐ Please make payable to: Home Office																						
Account No.	T			riea	1		code	ne lo	. 1101	nie C	THICE	; 		Ch	eque	No.			Ι	Ι	Ι	
Or please debit my					ı	/isa	l	L N	/last	L— terC	ard		D	ı elta	Г	1		M	aes	tro (UK)	
21 Amount paid	£		0.0	0											pavr	- nent	for				icatio	
22 Name on card	~	<u> </u>	.0.0] 	1					 				. , 				 	1	1	
22 Name on Caru					<u> </u>	<u> </u>								<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	H

24 Card details	Valid from /	Expiry date / /				
	Issue No. (Maestro (UK))	CVV No.				
25 Signature (card payment only)	(iviaesii o (OK))	(On rear of card) Date				
.						
Application for a registration certificate under the Worker Registration Scheme (WRS)						
This form is valid only for applications made from 22 May 2009 until 30 April 2011						
	To be complet	ted by the applicant				
Please complete by typ	ing or printing ir	n ENGLISH in <u>BLOCK</u> letters and in <u>black ink</u>				
	•	es for information on who has to register. Please on completing the application form.				
Com	pleted application	on forms should be sent to:				
FOR POSTAL APPLICATIONS		FOR APPLICATIONS SENT BY COURIER ONLY				
Worker Registration Scheme		UK Border Agency				
PO BOX 492		Worker Registration Scheme				
Durham		Milburngate House				
DH99 1WU		Durham				
		DH99 1SA				
Section 1: Type of applicati	on					
1 Have you already been issued with	·					
☐ Yes Please enter the WRS complete Sections 2, 3	For reference number, the 3, 4 and 5	A8/				
☐ No Please complete all se	ections of the form.					
(Please indicate by ticking the app						
Section 2: Personal details	of applicant					
3 Title	Mr Mrs Mrs	Miss Ms Other (please state)				
4 Surname/family name						
5 Surname/family name at birth (i	if different)					
6 First names						
7 Gender		Male				
8 Date of birth		day month year				
9 Nationality						
10 Passport number, or						
National Identity card number						
11 National Insurance number (if y	ou have one)					
11 Hadional modifice number (if y	ou navo ono,					

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12 Address in the UK:	House No./Name		
	Street		
	Town		
	County		
	Postcode		7
13 Address to which you would	House No./Name		
like correspondence to be sent if different from the address	Street		
given at 12.	Town		
	County		
	Postcode		
new address. This will help ensure yo service.)	We would also recomme u continue to receive ma vith your application, i	nd that you apply to the Post Offi il sent to your old address. The P	ce to have your mail redirected to your
14 Your daytime telephone number			
15 How many dependants (children	and/or spouse, part	ner or civil partner) are living	with you in the UK:
	Aged 17 or above?		
16 Are you undertaking a course of	study at an education	al establishment in the UK?	Yes No No
Section 3: Employment deta If you have more than one employ		y this page and complete s	Section 4 for each employer
		y this page and complete s	Section 4 for each employer
If you have more than one employ		y this page and complete s	Section 4 for each employer
If you have more than one employ 17 Name of your UK employer		y this page and complete s	Section 4 for each employer
17 Name of your UK employer 18 Type of business	ver, please photocop	y this page and complete	Section 4 for each employer
17 Name of your UK employer 18 Type of business	ver, please photocop Building No./Name	y this page and complete s	Section 4 for each employer
17 Name of your UK employer 18 Type of business	ver, please photocop Building No./Name Street	y this page and complete s	Section 4 for each employer
17 Name of your UK employer 18 Type of business	Building No./Name Street Town	y this page and complete s	Section 4 for each employer
17 Name of your UK employer 18 Type of business	Building No./Name Street Town County Postcode	y this page and complete s	Section 4 for each employer
17 Name of your UK employer 18 Type of business 19 Address of UK employer:	Building No./Name Street Town County Postcode	y this page and complete s	Section 4 for each employer
17 Name of your UK employer 18 Type of business 19 Address of UK employer: 20 Your UK employer's telephone number	Building No./Name Street Town County Postcode	y this page and complete s	Section 4 for each employer
17 Name of your UK employer 18 Type of business 19 Address of UK employer: 20 Your UK employer's telephone numbers 21 Contact name for employer	Building No./Name Street Town County Postcode		
17 Name of your UK employer 18 Type of business 19 Address of UK employer: 20 Your UK employer's telephone number 21 Contact name for employer 22 The date you started your job	Building No./Name Street Town County Postcode ber		
17 Name of your UK employer 18 Type of business 19 Address of UK employer: 20 Your UK employer's telephone number 21 Contact name for employer 22 The date you started your job 23 Your job title (the applicant as refere	Building No./Name Street Town County Postcode ber red to at section 2)		month year
17 Name of your UK employer 18 Type of business 19 Address of UK employer: 20 Your UK employer's telephone number 21 Contact name for employer 22 The date you started your job 23 Your job title (the applicant as reference) 24 What are your contracted hours of well as the same of t	Building No./Name Street Town County Postcode ber red to at section 2) work?	£	month year
17 Name of your UK employer 18 Type of business 19 Address of UK employer: 20 Your UK employer's telephone number 21 Contact name for employer 22 The date you started your job 23 Your job title (the applicant as referred.) 24 What are your contracted hours of we contracted hours of we contracted.	Building No./Name Street Town County Postcode ber red to at section 2) work? before deductions?	£ Yes \(\) No \(\)	month year a week an hour

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	6 to 11months	☐ Do not know					
Section 4: Documentary evidence/Check list for applicants							
	t of your application are listed below. T graphs (if applicable) you are sending.	Tick the boxes next to the relevant items to					
If you already have a WRS registration card and certificate, please provide: A copy of a letter from your current UK employer which confirms the start date of your employment. This is not legally required if your application is a renewal, but will help us process your application.							
	n card and certificate, please provid tographs of yourself with your name wi						
☐ Your current passport or National Identity Card. (Please note: photocopies are not acceptable)							
☐ A copy of a letter from your current UK employer which confirms the start date of your employment (please note that job offers and contracts of employment are not acceptable).							
Section 5: Applicant's decla	aration						
person acting on their behalf.	ation below. It must be signed by the a	applicant and not by a representative or other					
I understand that the information	on in this application will be treated in c	confidence by the UK Border Agency, but may prities and other bodies to enable them to carry					
• I understand that data relating to this application may be shared with the employer named on this application form in respect of this application only.							
The information I have given on this form is complete and true to the best of my knowledge.							
I declare that the photographs	submitted with this form are a true like	ness of myself.					
Your signature		Date					