

LEAD EMPLOYER TRUST

DUTY OF CARE and NOMINATED BASE DECLARATION

PLEASE COMPLETE ALL SECTIONS IN CAPITALS.

Full Legal Name

Preferred Name

Date of Commencement with the LET

Full Home Address

.....

.....

Postcode

Date of Birth

National insurance number

Assignment number

Preferred Email address

Preferred telephone number

Nominated Agreed Base

	Attached (please tick)
Copy of driving license - copy of photo card will be sufficient.	
Copy of Insurance Certificate - only the certificate page that shows level of Business insurance cover and dates of insurance period is required.	
Copy of MOT certificate – if applicable	