

Before we make a decision on your claim we need the information requested below to assess whether you were an employee under the Employment Rights Act, which covers redundancy and related payments. People who are treated as employees for tax or social security payments are not necessarily employees under the Act.

Please tick Yes or No as necessary. If there is not enough space for your answers or you want to give more than a simple Yes or No please continue on a separate sheet of paper. If you need help in completing this form, please contact the Redundancy Payments Office.

Employer:

Case reference:

National insurance number:

Data Protection Act 1998

We will put the information you give us onto a computer. It will help us deal with your claim. We may also give this information to your last employer, their representative and any relevant government departments or agencies to check your claim and work out your payment.

1. We need to see any of the documents below. If you cannot provide them, please explain on a separate sheet why not.

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Your written contract of employment | <input type="checkbox"/> | <input type="checkbox"/> |
| • The statement setting out the main terms and conditions of your employment. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Your letter of appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| • A written memorandum (as set out in Section 318 of the Companies Act 1985) giving terms and conditions of a director's contract as an employee | <input type="checkbox"/> | <input type="checkbox"/> |

2 Were you associated with the business before it became a limited company? If Yes please give details of its trading position (for example, sole trader or partnership) and tell us how long you were involved for?

3. How many hours a week did you work for the company?

4. Did you?

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Work a fixed number of hours each week? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work regular hours? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Were you paid regularly?

<input type="checkbox"/>	<input type="checkbox"/>
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6. Were tax and national insurance taken from your pay under a PAYE scheme ? Yes No

7. What is the last day's work for which you were paid?

8. Were payments to you described in the company accounts as:

salary? Director's fees?

9. Were you ever paid bonuses or dividends? If Yes, give details.

10. Have you taken no salary or been on a reduced salary for some time?

Yes No Go to question 14.

Please give the dates for which no salary or a reduced salary was paid

From / / To / /

If your salary, was reduced, please give the amount of your reduced salary.

£ a week

11. Did you agree to this arrangement?

Yes No

12. How long did this arrangement last?

13. What were the reasons for this arrangement?

14. Were you entitled to paid holiday?

Yes No Go to question 17

15. How much holiday were you entitled to each year?

16. Please give details of the holiday you have taken over the last two years.

17. What were your sick-pay arrangements?

18. What were your pension arrangements?

19. What were your duties and responsibilities as a director?

20. What duties did you carry out in a normal working week?

21. How often did you have to be at company premises?

22. Did anyone supervise or guide you?

Yes No Go to question 24.

23. What kind of supervision or guidance did you receive and from whom?

24. What, if any, were the terms of your notice of dismissal?

25. Did you hold any shares in the company?

Yes No Go to question 27

26. What was your shareholding in the company

 %

27. Did you ever invest any of your own funds or provide guarantees for the company? Please give details.

28. Did you have any other business activities?

Yes No Go to the declaration.

29. What kind of activities were they?

30. How much time did you spend on those activities each week?

 hours

Declaration- Please read this carefully before signing.

- I have filled in all the relevant parts of the form.
- I understand that you may take legal action against me if I have made a false statement on this form.
- I have supplied all the documents you need.

Your Signature:

Date:

Please return your form to

Watford Redundancy Payments Office
PO BOX 15, Exchange House
60 Exchange Road, Watford
WD18 OYP