

Rothwell International BV

Registration Form

cc	ONTRACTOR'S PER	SONAL	. DETAI	LS																	
Title:													Ger	nder:		Ma	le		Fema	le	
Surname (Family name):																					
Full First Names:														Prefe Name							
M	aiden Name: (Female	only)																			
Date of Birth (dd/mm/yyyy)											Nat	tiona	lity:								
Passport Number:																					
Со	untry Issued :										Expi	iry Da	ate (do	d/mm/	уууу):	:					
Marital Status:			Single			Married				Divorced				Joint Househol			old Spouse Deceased				d
Fo	reign - Residential	Address	s:																		
Stı	eet:				T										1						
ZIF	P / Postal Code:		City			ty:							Cou	ountry:							
Pe	riod residing in forei	gn addr	ress:	From:	dd/	dd/mm/yyyy								To:							
Netherlands – Residential Address:																					
Street:																					
ZIP / Postal Code:			City			y:					Co			ıntry:							
Mobile phone:			_						E-1	mai	il ad	dress	5								
Dutch Work Permit: Yes				No			EU/EE	U/EEA Citizen													
BS	N / Sofi number:																				
Do you give us permission to a your Dutch tax and national in							nt on	nt on Y					No				egally we need written permission order to give you this discount!				
30 % TAX RULING																					
Do you have a 30% Tax Ruling						Yes			No					ou do,	we ca	an tra	nsfer it	t to our company			
If not, do you want us to apply for this Ruling? Yes No																					
Со	nditions to apply su																<u> </u>				
1	Did you live more than 150km's from the Dutch border in the 24 months before your first working day in the Netherlands?																				
2	2 Date of arrival in the Netherlands (dd/mm/yyyy)																				
3 Did you work in the Netherlands before					Ye	es	S No														
If Yes , confirm dates				Fr	rom:	dd/mm/yyyy					To:										
4 Did you live in the Netherlands			ands be					No													
If Yes , confirm dates				Fr	From: dd/mm/yyyy								T	o:							
CONTRACTOR'S												DATE dd/mm/yyyy									
	SIGNATURE											uu	,,)	7 7 7							



CONTRACT INFORMATION																
The ultimate Company where services are to be rendered:																
Base Location :																
Job Title / Position:																
Sector / Industry :																
Client Company Name:																
Contact Person at Client Company:																
Email address:																
Contact number :																
Rate offered by Client:	Hour	ly:	€			Daily:	€			Moı	nthly:	€				
Contract Start Date (dd/mm/yyyy):							E	nd Da	ite:							
Negotiated notice period :	Negotiated payment terms (days):											s):				
Bank Details																
Account Holders Name:																
Name of Bank:																
Full Address of Bank:																
IBAN Number:																
Account Number:																
SWIFT Code:																
CONTRACTOR'S SIGNATURE							DATE	dd/m	т/уууу							
						l										

REMEMBER! - PLEASE SEND COPIES OF THE FOLLOWING DOCUMENTS

ID / Passport document :					
CV / Resume :					
Dutch Work Permit (if applicable):					
Last 30% Ruling Statement (if applicable):					