

In order to receive Revenue Payments for 0844, 0871, 0872 and 09XX numbers, this form must be completed, signed and returned with relevant supporting documentation to Callagenix Ltd.

Contact & Company Details

Callagenix Account ID Number	(5 digit number located in top right hand of Administration Account)		
Contact Name:			
Company Name:			
Trading Name (if different):			
Address 1:			
Address 2:			
Town/City:	Post Code:		
Telephone:	Mobile:		
Fax:	Email:		
Company Reg. No:	VAT Reg. No. (if registered):		

NOTE: VAT will be added to Revenue Payments if a valid VAT Registration Number has been provided.

Bank Details

Bank Name:			
Account Name:			
Sort Code:	Account Number:		

NOTE: Payments can only be made to a UK account monthly in arrears when your account has accrued over £50 for 0871,2 and 0844 numbers and over £100 for 09xx numbers in a 12 month period.

PhonepayPlus (Regulator covering 090, 0871, 0872 Numbers)

NOTE: You will need to register your organisation with the Premium Rate regulator and supply your ORG number to us. You can register at <http://www.phonepayplus.org.uk/For-Business/Register-with-us.aspx>.

ORG Number:	
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ID Checklist

NOTE: Scanned copies of at least 2 of the following ID must be supplied in order to receive revenues. The ID must include your address details and be no older than 6 months. Acceptable forms can be Card/Bank/Utility Bill Statements, or Photo ID. For 090 Payments one of the ID copies must be the Bank Account Statement where payments are to be made.

Required ID

Utility Bill:		Already Sent	Attached
Bank Statement:		Already Sent	Attached
Card Statement:		Already Sent	Attached
Photo ID:		Already Sent	Attached

Acceptance of Terms

We agree to the Terms and Conditions enclosed and set out on the company website and confirm that the information on this form is correct and will notify Callagenix of any changes. **(Please Tick the Box).**

We also agree to abide by the PhonepayPlus code of practice in full as detailed at www.phonepayplus.org.uk (not applicable to 0844 numbers).

Your Name:	
Your Position:	
Date:	
Signature:	

The completed form and supporting documentation should be Returned to:

Payments@callagenix.com or Fax to 0333 247 0001 or Post to:

Callagenix Ltd, Merlin House, Brunel Road, Theale, Berkshire RG7 4AB UK