

REGISTRATION APPLICATION



ZENTAR HEALTHCARE

Patient Care is Paramount



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NURSING / HCA DOCUMENT REQUIREMENTS CHECKLIST

Name:		Band:		Date:	
STAGE 1 (Face to Face Interview)					
English & Mathematics Test:	<input type="checkbox"/>	ITU Interview Questionnaire:	<input type="checkbox"/>		
STAGE 2 (Zentar Documents Only)					
Registration Application:	<input type="checkbox"/>	ITU Skill Checklist	<input type="checkbox"/>		
Occupational Health Questionnaire	<input type="checkbox"/>				
STAGE 3 (All Personal Documents)					
Evidence of NMC pin:	<input type="checkbox"/>				
Evidence of Membership (RCN / UNISON)	<input type="checkbox"/>				
Passport Size Photo:	<input type="checkbox"/>				
Photo ID (Passport / Right to Work including any visa's if applicable):	<input type="checkbox"/>				
CV (Full Employment without any gaps)	<input type="checkbox"/>				
Proof of Address x 2 (Utility Bills, Banks Statements, Credit Card Statements):	<input type="checkbox"/>				
National Insurance Number (NI Card/HMRC Letter):	<input type="checkbox"/>				
Immunisations Reports (Blood Reports):	<input type="checkbox"/>				
Qualification (Nursing Diploma/Degree/All in-house training Certificates/Critical Course)	<input type="checkbox"/>				
References Covering 3 Years x 2 : (Every 12 Months)	<input type="checkbox"/>				
Mandatory Training Certificate / Practical Training certificate (Every 12 Months)	<input type="checkbox"/>				
Enhanced DBS Check / Update service number: (Every 12 Months)	<input type="checkbox"/>				
LTD : Certificate of Incorporation & Business Bank Statement Joint Employment Scheme: Mango Pay / Orbital / TJW / Your Pay /Maxipay	<input type="checkbox"/>				
STAGE 4 (Explain All Zentar Policy)					
Explain FIT TO WORK:	<input type="checkbox"/>				
Explain ID BADGE Policy:	<input type="checkbox"/>				
Explain Timesheet & Payment Policy:	<input type="checkbox"/>				
Rate Sheet	<input type="checkbox"/>				
Explain Bookings & Availability Process:	<input type="checkbox"/>				
Set Appraisal Date (First Appraisal in 6 months, there after every 12 months):	<input type="checkbox"/>				
Recruitment Consultant :		Temporary Worker Name:			
Sign:		Sign:			
Date:		Date:			



NHS Collaborative Procurement Partnership
 National Clinical Staffing Framework



Zentar UK Limited – Company Registration 08315409

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Phone: 02073480585 Fax: 02072930112 W: www.zentar.co.uk Email: compliance@zentar.co.uk

POSITION APPLYING FOR:		BAND:	
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YOUR PERSONAL DETAILS:

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other	Email Address:
Surname:	Do you hold a current driving licence: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Date of Birth:
Known by any other names? (5 years) dd/mm/yy:	Nationality:
Any other names you may be known as including Maiden name:	National Insurance No:
	Next of Kin's Name:
Address:	Next of Kin's Address
Postcode: Date Moved In:	Next of Kin's Telephone No:
Day Time Telephone No	Next of Kin's Mobile Phone No:
Mobile Phone No:	
Have you changed your surname since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year From To Year
Have you changed your nationality since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year From To Year
Driving licence number Valid From:	Valid Till:
Passport No (If applicable) Date of Issue:	Country of Issue:

PREVIOUS ADDRESS A (if above is less than 5 years)	PREVIOUS ADDRESS B (if history provided is less than 5 years)
Address:	Address:
Postcode:	Postcode:
Time lived at address (MM/YY):	Time lived at address (MM/YY):

YOUR PROFESSIONAL REGISTRATION DETAILS	APPRAISAL INFORMATION
NMC Pin Number:	When was your last NHS appraisal done:
NMC Expiry Date:	Appraiser name:
Revalidation Expiry Date:	Appraiser Pin:
Indemnity Insurance: RCN UNISON	Which hospital/trust:
Membership Number:	

YOUR CLINICAL SETTING PREFERENCES
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<p>Please tick the areas you would like to work:</p> <p> <input type="checkbox"/> A&E <input type="checkbox"/> Community <input type="checkbox"/> General <input type="checkbox"/> Homecare <input type="checkbox"/> Nurse Prac. <input type="checkbox"/> ITU <input type="checkbox"/> Mental Health <input type="checkbox"/> Midwifery <input type="checkbox"/> Neonatal/PICU <input type="checkbox"/> ODP Paeds <input type="checkbox"/> Recovery <input type="checkbox"/> Renal <input type="checkbox"/> SCBU <input type="checkbox"/> Theaters <input type="checkbox"/> HDU <input type="checkbox"/> Prison <input type="checkbox"/> Dialysis <input type="checkbox"/> Nursing Homes <input type="checkbox"/> Other(s): _____ </p>



YOUR RIGHT TO WORK DETAILS *(Your Current Visa Status (Please tick one):*

I am a British Citizen:	<input type="checkbox"/>	If 'Other", please detail below:
I have Permanent Residency:	<input type="checkbox"/>	
I have indefinite leave to remain:	<input type="checkbox"/>	
I am a European national:	<input type="checkbox"/>	
Other: <input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT HISTORY

- Please provide your full employment history with the most recent first.
- If there are any gaps please explain.
- Continue on a separate sheet if required.

Employers Name and Address:		Main Duties:
Date From:	Date To:	Band (Grade):
Reason for Leaving:		

Employers Name and Address:		Main Duties:
Date From:	Date To:	Band (Grade):
Reason for Leaving:		

Employers Name and Address:		Main Duties:
Date From:	Date To:	Band (Grade):
Reason for Leaving:		

PROFESSIONAL CONDUCT

Have you ever been suspended from the register or dismissed or have there ever been any proceedings of medical negligence against you? Yes No

If yes, please supply the details:

EDUCATIONAL DETAILS			
Subject	School/College	Dates (from/to)	Qualification Awarded

YOUR REFERENCE DETAIL

- Please supply details of 2 professional clinical referees, home addresses must not be used.
- One MUST be from your present employer or more recent and must be a senior band (grade) to yourself.
- You should have worked for any referee for at least 1 month where permissible. Your references must cover a minimum of 3 year period.
- Please be advised that we will contact your referees as soon as we receive your application unless otherwise advised.

REFEREE 1	
Name:	Daytime phone number:
Position:	Work Email Address:
Work Address:	In what capacity was the referee known to you?:
	How long has this person known you?:
Postcode:	Date From: Date To:

REFEREE 2	
Name:	Daytime phone number:
Position:	Work Email Address:
Work Address:	In what capacity was the referee known to you?:
	How long has this person known you?:
Postcode:	Date From: Date To:

REFEREE 3	
Name:	Daytime phone number:
Position:	Work Email Address:
Work Address:	In what capacity was the referee known to you?:
	How long has this person known you?:
Postcode:	Date From: Date To:

Blood Transfusion and IV Training/Competency Dates

Please fill in below your most recent Blood Transfusion and IV training and competency assessment dates:

Blood Transfusion Training Date:

IV Training Date:

Hospital/Trust you have done the above training :



EQUAL OPPORTUNITIES MONITORING

We are an equal opportunity employer and positively encourage applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, or religion or belief. To enable us to improve and monitor our employment processes, please complete the section below and note that this information is confidential and will be used only for the purpose of monitoring.

SEX: Please tick the appropriate box.

Male Female Transgender Undisclosed

DISABILITY:

Do you consider yourself to be a disabled person? Yes No Undisclosed

If yes, please give brief details of your disability:

SEXUAL ORIENTATION:

Bisexual Heterosexual Homosexual Undisclosed Other, please specify:

RELIGION or BELIEF:

Anglican Catholic Other Christian Protestant Buddhist Jewish Muslim Sikh Hindu
 Other, please specify:

ETHNIC ORIGIN:

WHITE: English Scottish Welsh Irish Other, please specify:

MIXED: White & Black Caribbean White & Black African White & Asian Other, please specify:

ASIAN: Indian Pakistani Bangladeshi Other, please specify:

BLACK: Caribbean African Other, please specify:

CHINESE: Chinese Other, please specify:

OTHER: Please state:

Prefer not to answer this question

NATIONALITY:

ELIGIBILITY TO WORK IN THE UK

Under the Immigration, Asylum and Nationality Act 2006 (the 2006 Act). All employers are obliged to carry out prescribed document checks on candidates prior to employing them. All employers have a duty to prevent illegal working in the UK, failure to comply with the checks stated may result in the employer being liable for a civil penalty. Are you able to provide documentary evidence of your Right to Work?

NURSE PROFESSIONAL INDEMNITY SELF DECLARATION

The need to have in place an indemnity arrangement is a mandatory requirement of the NMC Code. It is the professional responsibility of each nurse and midwife to ensure that you have cover which is appropriate to your role and scope of practice and its risks. If you have personal cover in place it must be relevant to the risks involved in your practice, so that it is reasonably sufficient in the event that a claim is successfully made against you. You are not required to provide a copy of your documents for your indemnity arrangement when you self declare. However, maintaining good records of your indemnity arrangement is a legal requirement of the NMC Code. If you practice without cover you will be breaking the law, even though you only have to sign the declaration you must have cover in place at all times. We may undertake compliance checks, identification of failure to have the cover in place once you have signed a self declaration will result in referral to the NMC.

DECLARATION

I **NMC PIN No.**

Declare that I have appropriate professional indemnity in place to cover the entirety of my professional scope of practice. I understand that signing this declaration and failing to have the appropriate cover in place at all times would result in me personally liable for any claims.

SIGNED:

DATE:

ZENTAR UK PAYMENT SETUP *(Please choose from one of the following payment options A, B, C or D)*

<input type="checkbox"/> I would like to be paid via Joint Employment Scheme: Orbital / TJW (Zentar UK Payroll)	<input type="checkbox"/> I am self employed and have a Unique Tax Reference (UTR) Number, NOT through a limited company.
NI Number:	UTR number:
Bank Account name:	NI number:
Account number:	Bank Account name:
Sort code:	Account number:
Name of the bank:	Sort code:
Please enclose a copy of your recent P45 and answer one of the following conditions that applies to you:	Name of the bank:
<p>A. This is my first job since 6th April and I have not been receiving taxable job seekers allowance OR taxable incapacity benefit OR a state or occupational pension.</p>	
<p>B. This is now my only job, but since 6th April I have had another job, or have received taxable job seekers allowance or taxable incapacity benefit. I don't receive a state or occupational pension.</p>	
<p>C. I have another job or receive a state or occupational Administration Charge: £ per payslip</p>	
<input type="checkbox"/> I am Self-Employed through a limited company and would like to be paid into my business account.	<input type="checkbox"/> I would like to be paid via a limited company registered in my business name. Please set me up. There is a charge of £75.
Company name:	Title:
Company number:	Full name:
Is the company VAT Registered:	Address:
Your position within the company:	
Companies registered address:	Town: Postcode:
	National Insurance number:
	Date of birth: Passport number:
Town: Postcode:	Place of birth: Nationality
Bank account name:	Telephone number:
Account number:	Email address:
Sort code:	What would you like to call your company? (i.e. Zentar UK Ltd)
Name of bank:	
<p>All documents including your certificate of incorporation will be given to you upon successful completion which will enable you to open a business bank account which will be used to send your payments.</p>	



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SHARED INFORMATION WITH EMPLOYER

As part of the CPP Framework Zentar is required to have full declarations for employees that work within the NHS. This declaration is to confirm that you are abiding by the terms set out within your NHS employment contract to inform your trust that you intend to work with Zentar UK Limited in other NHS trusts.

If you are not currently employed by the NHS we still require you to sign this declaration to confirm that if in the future, you do ascertain a position within any NHS trust you will then need to make the trust aware you are doing agency assignments in other trusts.

To confirm this declaration please specify your name, position of your current role, current employer (if full time agency please put 'Full time agency') and also your current band.

Name:	
Position	
Band:	
Current Employer: <i>(If full time agency please put 'Full Time Agency')</i>	

Refer a Friend and Earn ££££ T&C apply

Earn £ 300 when the referral has completed 250 hours in 6 weeks or earn £150 upon completion of 250 hours in 12 weeks. T&Cs apply

No.	Name	Phone Number	E-mail	Earn
1.				£ 75
2.				£ 75
3.				£ 75
4.				£ 75
5.				£ 75

DECLARATION FORM

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitation of offenders Act 1974 (Exception Order 1975). Applicants are therefore not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the Order applies and should be entered at the end of any particulars you give in support of your application. A copy of our written policy is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of an offence? (NB the Rehabilitation of offenders Act 1974) YES NO

If yes, please supply the details:

You may be offered an opportunity to work within an environment or establishment where you come into contact with children or other vulnerable groups, or your professional occupation may fall within certain expected categories where this is likely to apply, the Rehabilitation of offenders Act 1974 (exceptions) order 1975 requires us to ask you for additional information. A DBS check (Criminal Records Bureau) may be required when this type of work is sought.



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Do you have any previous convictions whether “spent”, or “unspent” within the Act, including any cautions reprimands, cautions and final warnings? bind-over’s or any convictions from overseas? YES NO

If yes, please supply the details:

Declarations/Consent

Do you consent to ZentarUK contacting you by the following for marketing?

Do you consent to ZentarUK contacting you by the following for bookings?

Do you consent to ZentarUK contacting you by the following for compliance?

Do you consent to ZentarUK contacting you by the following for availability?

Do you consent to ZentarUK passing your telephone number to our approved umbrella companies when necessary i.e. when you are being paid via an umbrella company are not being paid PAYE or via your LTD Company?

Do you consent to ZentarUK saving a hard copy of your DBS/CRB?

Do you consent to ZentarUK carrying out DBS Update Service Checks

Do you consent to ZentarUK applying for CRBs/DBS annually on your behalf via U-Check?

Do you consent to ZentarUK using your personal information where necessary i.e. when working with vulnerable groups to be sent to U-Check to obtain a DBS/CRB?

Do you consent to ZentarUK retaining the compliance on your file?

Do you consent to ZentarUK obtaining references from previous employers to make your file compliant?

Do you consent to ZentarUK completing weekly and monthly Pin Checks on your file (NMC or HCPC)?

Do you consent to ZentarUK carrying out Right to Work and Identity Checks on your file (Home Office)?

Do you consent to ZentarUK sharing your information to request Fitness to Work Certificates on your behalf via our 3rd Party (Healthier Business)?

Do you consent to ZentarUK sharing your information to book your Mandatory Training via our 3rd Party (The Direct Training Academy)?

Do you consent to ZentarUK carrying out Qualification Checks?

Do you consent to ZentarUK sharing your information with our 3rd Party for Audit?

Do you consent to ZentarUK sharing your files with our hospital trusts, private clients and HCL?

Do you consent to ZentarUK sharing your personal information with NHS Staff Bank?

Do you consent to us approaching external certificate issuers to verify your training certificates?

Do you consent to ZentarUK processing your occupational health records to assess your suitability for work?

Do you consent to ZentarUK sending your occupational health records to prospective clients/employers, so they can assess your suitability for work?

Do you consent to ZentarUK using your bank details to be used within our payroll department to process your pay?

Confirmation that the Handbook has been “received, read, and understood”

Confirmation that the Terms of Engagement has been “received, read, and understood”

Confirmation of receipt of AWR information (including Day 1 Rights)

Disclaimer: By signing the above you confirm that you agree to Zentar Healthcare Limited terms and Conditions.

We will be keeping your data for the statutory retention periods. For a list these please visit: www.zentar.co.uk

You can freely withdraw or change your consent by emailing data@zentar.co.uk with the required changes and we will amend them for you.

Name :

Date:

Signature:



OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE (NEW STARTER CLINICAL FORM)



CONFIDENTIAL

Due to the nature of the role you have applied for we need to carry out an assessment of a new starter health questionnaire – even if you have been employed in UK health services before. The health of each candidate is considered individually and a decision regarding fitness for work in the prospective job role will be based on the functional effects of any underlying health condition/disability/impairment as well as health service requirements for fitness and immune status.

Before health clearance is given for employment you may be contacted by telephone from a clinician at Healthier Business UK Ltd, however you may also need to be seen by an occupational health advisor/specialist or physician, arrangements for face to face consultations will be arranged by your employer or agency. We may recommend adjustments or assistance following an assessment to enable you to carry out your proposed duties safely and effectively. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice. Our aim is to promote and maintain the health of all individuals in the workplace: staff, service users and third parties.

Personal Information			
Title	Surname	First names	DOB
Home Tel:		Work Tel:	Mobile:
Home Address:		GP Address:	

Medical History		
All staff groups complete this section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

Medical History (continued)		
Have you suffered from any of the following?	Yes	No
methicillin resistant staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>
clostridium difficile (C-Diff)	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.

Additional Information
(If you have answered yes to any questions above please provide additional information below, including dates, treatment and details of condition)

Chicken Pox or Shingles

Have you ever had chicken pox or shingles?

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	

BBV (Blood Borne Virus)

Have you ever come into contact with any BBV's? Including Needle Stick Injuries? Yes No

Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
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Have you lived continuously outside the UK or had an extended holiday outside the UK in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
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If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.

Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
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If you answered yes please state when?	Date	
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Tuberculosis Continued

Do you have any of the following	Yes	No
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A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
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Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
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Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
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Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Information

(If you have answered yes to any questions above please provide additional information below)

Immunization History

Have you had any of the following immunisations	Yes	No	Date
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Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>	
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Polio	<input type="checkbox"/>	<input type="checkbox"/>	
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Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
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Hepatitis B (If Yes is ticked please give dates below)	<input type="checkbox"/>	<input type="checkbox"/>	
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Course	1		2		3	
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Boosters	1		2		3	
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Member

Proof of Immunity (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing varicella immunity.
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of "two" MMR vaccinations or proof of a positive antibody for Rubella and Measles
Hepatitis	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above

Proof of Immunity (Please send the following) EPP Candidates Only	
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The General Data Protection Regulation (GDPR) (EU) 2016/679
<p>All information supplied by you will be held in confidence by Healthier Business UK Ltd. Records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations at which time it may be subject to audit. Your data may also be cross referenced should you have registered with other clients of Healthier Business UK Ltd. Your personal data may be required to be seen by an occupational health advisor or physician, however it will not be shown, nor their contents shared with anyone - including Managers, Human Resources Advisors, GP, Specialist's or third party's - without your explicit consent. You have the right of erasure (the right to be forgotten), refusal of consent and withdrawal of consent without detriment (withdrawal of consent can be exercised at any stage of the process). The only exceptions to this may be a court order for release of records in a judicial dispute or where there is a public responsibility obligation. Further information regarding your rights under GDPR can be found on the following:</p> <p>https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/</p>

Recommendations	
I understand that following this assessment, recommendations may be provided to assist my health at work:	
I give consent for the Healthier Business UK Ltd to make recommendations and for my employer /agency to provide these recommendations to my placement	<input type="checkbox"/>
I would like to see a written copy of any recommendations Healthier Business UK Ltd may make before my employer/agency provide them to my placement	<input type="checkbox"/>

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.		
Name	Signature	Date



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