

EDWARD WYMAN

FILM AND TV AGENCY

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Licensed under Employment Agencies Act 1973

Please Print Clearly

EQUITY NAME: _____ EQUITY No. _____

Name if required for
Cheque payment:

Address: _____

_____ Post Code: _____

Telephone Contact No's: _____

E-Mail _____

National Insurance No: _____ If Non Liable, please forward
Exemption Certificate copies

Height: _____ Chest/Bust: _____ Waist: _____ Hip _____ Inside Leg: _____

Collar: _____ Shoe: _____ Hat: _____ Colour of Hair: _____ Eyes: _____

Drama training
Or attach C.V. _____

Special Skills: _____

Date of Birth: _____

Driver of other than car, and if licensed to drive: _____

Languages: _____ Accents: _____
Please state fluency

Sports: _____

Photographs – A good head and shoulders photograph +2 recent passport photos
Please send separate C.V. with full details.

Please declare if registered with other Agencies: _____

Please do not hesitate to send any other relevant details not included in the above. Thank you.
N.B. If you are V.A.T. Registered, please state the date first registered and quote V.A.T. number.