

Subscription Banding Appeal Form

Mr/Mrs/Ms (Surname) _____ Initials _____

Home Address _____

Post Code _____

Branch _____

Membership Number _____

Former Partner Union COHSE NALGO NUPE (Tick appropriate Box)

Name of Employer _____

Place of Employment _____ Job/Grade _____

National Insurance Number _____ Payroll Number _____

✓	BAND	ANNUAL PAY	WEEKLY SUBS	MONTHLY SUBS	BAND	✓
	A	£0 – 2,000	£0.30	£1.30	A	
	B	£2,001 – 5,000	£0.81	£3.50	B	
	C	£5,001 – 8,000	£1.22	£5.30	C	
	D	£8,001 – 11,000	£1.52	£6.60	D	
	E	£11,001 – 14,000	£1.81	£7.85	E	
	F	£14,001 – 17,000	£2.24	£9.70	F	
	G	£17,001 – 20,000	£2.65	£11.50	G	
	H	£20,001 – 25,000	£3.23	£14.00	H	
	I	£25,001 – 30,000	£3.98	£17.25	I	
	J	£30,001 – 35,000	£4.68	£20.30	J	
	K	Over £35,000	£5.19	£22.50	K	

Please tick band at the subscription rate you are paying now

Please tick band at the subscription rate you consider you should be paying according to your income

UNISON Subscriptions are based on your contractual or pensionable earnings. So that a re-determination of your banding can be accurately undertaken will you please supply ONE of the following;

- A recent pay slip showing your average superannuable pay.
- Information from your employer showing your earnings used for calculation of statutory sick pay
- A recent pay slip for the period when you were in receipt of holiday pay

Please indicate the date your subscription became incorrect _____

The above will be treated in confidence. Where originals are sent, they will be returned to you. Photocopies will suffice, but will be destroyed once your appeal has been processed and resolved. You will be advised of the decision regarding your appeal as soon as possible.

Please return the form to;

UNISON North West Regional Centre, Arena Point, 1 Hunts Bank, Manchester, M3 1UN

For office use only

Date received	Ref. to
Processed by	Date Processed
Revised Banding	Member notified
Employer notified	Branch notified