



CANDIDATE BANKING AND EMERGENCY CONTACT DETAILS

Bank Account Information:

NAME OF BANK/BUILDING SOCIETY/CREDIT UNION: _____

BRANCH NAME: _____

NAME ACCOUNT IS HELD UNDER: _____

BSB (BRANCH) NUMBER: _____ - _____ ACCOUNT NUMBER: _____

Personal Information:

Please complete the details below indicating your legal identity for banking and taxation purposes

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: ____ / ____ / ____ EMAIL ADDRESS: _____
(PAYSLIP EMAILED EACH WEEK FOLLOWING PAYROLL)

WHO WE CAN CONTACT IN CASE OF AN EMERGENCY (LOCAL CONTACT ONLY):

NAME: _____ PHONE: _____ RELATIONSHIP: _____

Information required for Incorporated Employees only:

COMPANY NAME: _____

ABN: _____ - _____ - _____

MAILING ADDRESS: _____

Do you wish to claim a LEVY REDUCTION, such as Family Tax Benefit, Senior Australian Tax Offset, Zone, Dependent Spouse or Special Tax Offset? *(For more information regarding these, please refer to your tax file Number Declaration Form and indicate specific levy reduction claim there for submission to the Australian Taxation Office.)*

Yes No

TAX REBATE: _____ MINIMUM NET PAY: _____