

EMPLOYEE DETAILS FORM

POSITION

NAME and ADDRESS

First & Middle Name : Surname :

Current Address :

Postal Address (If different from above) :

Phone : (Home) (Mobile)

Date of Birth : Email Address:

Next of Kin Details

Next of Kin (contact person in case of emergency) :

Relationship:

(Home Ph) (Mobile/Work – Daytime details)

TAX DETAILS

Tax File Number :

Are you currently receiving or paying HELP? Yes or No

Are you claiming the Tax Free Threshold? Yes or No

BANKING DETAILS

Please give details of the Bank Account you wish to have your wages paid into.

Account Name (as appears on Statement)

BSB Number: - Account Number

Name of Bank: Branch:

SUPERANUATION

Do you wish to join Sunsuper? Yes No **OR**

If you are currently a member of another Superannuation Fund, which you would like to maintain, please give the following details :-

a. Name of your fund ABN Number

b. Membership Number SPIN Number

Date Commenced Work: Finish Date:

Signature: