# NEW EMPLOYEE FORM

# MUST BE ATTACHED WITH TAX DECLARATION FORM

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  |  |  |

|  |  |
| --- | --- |
| **Phone**: |  |
| **Email:** |  | |

|  |
| --- |
| Bank Institute |
| Account Name |
| BSB: |
| ACC Number: |

## Superannuation Details – *If left blank, a default superfund will be chosen for you*

|  |
| --- |
| Superfund Name: |
| Superfund USI/ABN: |
| Membership Number: |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  |  |  |

|  |  |
| --- | --- |
| **Primary Phone:** |  |
| **Relationship:** |  | |

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to keep my personal banking and superannuation details on file.

Signature: Date: