

**1. Worker/Claimant details** (please print)

Date

Claim number

Worker's name

Claimant's name (if not worker)

Claimant's address

Town

State

Postcode

Phone

Mobile

Email (remittance advice will be sent electronically to the email address you have supplied)

**2. Account details**

Account number

Account name

**3. Bank details**

Bank name

Branch name

BSB

