

CHANGE OF PERSONAL DETAILS FORM

You are required to complete this form if any of your personal details have changed.

Under the provisions of the National Privacy Principles as contained in the *Privacy Amendment (Private Sector) Act 2000*, Southgate Salary Packaging Services is required to maintain accurate and up-to-date information regarding our clients.

| Please complete this form in BLOCK letters only. | | | | | | |
|---|--|---------|--------------|------------|----------|--|
| EMPLOYEE DETAILS | | | | | | |
| Employee Name | | | | Date of Bi | rth | |
| Employer Organisation | | | | | | |
| | | | | | | |
| YOUR AMENDED PERSONAL DETAILS | | | | | | |
| Given Name | | | Surname | | | |
| Residential Address | | | | | | |
| Suburb | | | State | | Postcode | |
| Postal Address | | | | | | |
| Suburb | | | State | | Postcode | |
| Phone (Home) | | | Phone (Work) | | | |
| Phone (Mobile) | | | | | | |
| Fax (Home) | | | Fax (Work) | | | |
| Email (Home) | | | | | | |
| Email (Work) | | | | | | |
| | | | | | | |
| YOUR AMENDED BANK ACCOUNT DETAILS (for all reimbursements) | | | | | | |
| Account Name | | | | | | |
| BSB Number | | Account | Number | | | |
| Name of Bank | | | | | | |
| Branch Address | | | | | | |
| Suburb | | | State | | Postcode | |
| | | | | | | |
| EMPLOYEE DECLARATION | | | | | | |
| I declare that the information provided on this form is true and correct and authorise Southgate Salary Packaging Services to update their records accordingly. | | | | | | |
| Employee Signature | | | | | | |
| Date | | | | | | |
| | | | | | | |
| Please return your completed form to: | | | | | | |
| Email: support@southgatesalpack.com.au OR Fax: 1300 500 150 | | | | | | |