

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 B			of Bi	irth					
Employer Organisat	tion																	
YOUR AMENDED PERSONAL DETAILS																		
Given Name									Surname									
Residential Address	6										1							
Suburb									State				Pos	stcod	е			
Postal Address																		
Suburb									State				Pos	stcod	е			
Phone (Home)									Phone (W	/ork)								
Phone (Mobile)																		
Fax (Home)									Fax (Wor	k)								
Email (Home)																		
Email (Work)																		
YOUR AMENDED BANK ACCOUNT DETAILS (for all reimbursements)																		
Account Name																		
BSB Number			-				Accour	nt N	umber									
Name of Bank																		
Branch Address																		
Suburb									State				Pos	stcod	е			
							_		_									
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	9																	
Date																		

RETURN YOUR COMPLETED CHANGE OF PERSONAL DETAILS FORM TO:

OR

Southgate Salary Packaging Services

PO Box 183, South Melbourne, VIC 3205

Fax: 1300 500 150