

Employee – Change of Details

Please complete all fields that you wish to change, leave sections blank for fields to remain unchanged.

Employee Details (Please complete this field)

	(- 100.01	complete and notal,	
Name:			
Contact Number:			
Gender			
Pronouns			
Name Change (Changes t	o name requires proof)	
First Name:			
Last Name:			
Home Address			
Postal Address			
Contact Number			
Email Address			
Superannuation	Fund (C	hange will take effect from next pay period)	
Fund Name:			
Member Number	er:		
Bank Details (C	hange wi	Il take effect from next pay period)	
Bank Account Name			



Employee – Change of Details Bank **Bank Account BSB** Bank Account Number Salary Sacrifice ☐Yes ☐No (If making changes to Salary Sacrifice, please complete a new Salary Sacrifice Agreement) **Emergency Contact Details** 1 2 Name Address Relationship **Contact Number Employee Signature Date**

This Form is to be emailed to finance and HR, any relevant information such as Email address change of name needs to be emailed to Marketing.