



Take full advantage

www.remunerator.com.au
PO Box 1247, Camberwell, Vic 3124

Personal Details

For a Novated Lease or Associate Lease application please refer the below table.

Novated Lease	Please contact 1800 501 703 for an Application kit
Associate Lease	Please contact 1800 220 028 for an Application kit

For all other item's please complete the below information.

EMPLOYER					
TITLE (TICK)	<input type="checkbox"/> DR	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> OTHER (SPECIFY)
SURNAME			FIRST NAME		
ADDRESS (STREET)					
ADDRESS (SUBURB)			STATE	POSTCODE	
DAYTIME TELEPHONE			MOBILE		
EMAIL			DATE OF BIRTH	/ /	
OCCUPATION			LOCATION		
DEPARTMENT			PAYROLL NUMBER		

BANK ACCOUNT DETAILS (the account where your salary is paid)

ACCOUNT NAME					
BANK			BRANCH		
BSB					ACCOUNT NO.

YOUR ANNUAL SALARY

Copy of Payslip or Contract / Letter of employment	<input type="checkbox"/> Copy attached	Amount pa	\$
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EXEMPT ITEMS (REFER INFORMATION BROCHURE)

	SUBSTANTIATION (WHAT YOU NEED TO PROVIDE)	AMOUNT
Notebook Computer	Payment by Reimbursement	
Electronic Diary/Mobile phone	Payment by Reimbursement	
Airport Lounge/Briefcase	Payment by Reimbursement	
Superannuation	Copy of Superannuation Member Statement	
Specify number of pay periods for package		
Total		

DECLARATION

I wish to participate in the salary packaging program made available by the above mentioned employer. I have read, understood and accepted the terms of the salary packaging policy as set by the above mentioned employer. I agree that all costs and charges associated with entering into the salary package will be met by me from the next available pay period. I have read, understood and agree with Remunerator's Privacy Statement, which is available at www.remunerator.com.au

SIGNATURE	DATE / /
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PRIVACY AUTHORISATION

Complete this section if you want another person to have access to your package details.

PERSON'S NAME	
YOUR PERSONAL PASSWORD	PASSWORD REMINDER QUESTION