



**CHALLENGE
CONSULTING**

Meeting Challenges – delivering people solutions

CANDIDATE BANKING, TAXATION AND EMERGENCY CONTACT DETAILS

Personal Information:

Please complete the details below indicating your legal identity for banking and taxation purposes

SURNAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: ____/____/____ EMAIL ADDRESS: _____
(PAYSリップ EMAILED EACH WEEK FOLLOWING PAYROLL)

WHO WE CAN CONTACT IN CASE OF AN EMERGENCY (LOCAL CONTACT ONLY):

NAME: _____ PHONE: _____ RELATIONSHIP: _____

Bank Account Information:

NAME OF BANK/BUILDING SOCIETY/CREDIT UNION: _____

BRANCH NAME: _____

NAME ACCOUNT IS HELD UNDER: _____

BSB (BRANCH) NUMBER: ____ - ____ - ____ ACCOUNT NUMBER: _____

Tax Information (please complete only information relevant to you):

TAX FILE NUMBER: ____ - ____ - ____ DO YOU HAVE A HECS DEBT?: Yes No

TAX SCALE:

- Scale 1 - Resident, Tax Free Threshold NOT claimed
- Scale 7 - Resident, Tax Free Threshold claimed
- Scale 3 - Foreign Resident, Tax File Number
- Scale 9 - Incorporated Employee - please fill out information below

Information required for Incorporated Employees only:

COMPANY NAME: _____

ABN: ____ - ____ - ____ - ____

MAILING ADDRESS: _____

Do you wish to claim a LEVY REDUCTION, such as Family Tax Benefit, Senior Australian Tax Offset, Zone, Dependent Spouse or Special Tax Offset? (For more information regarding these, please refer to your tax file Number Declaration Form and indicate specific levy reduction claim there for submission to the Australian Taxation Office.)

Yes No

TAX REBATE: _____ MINIMUM NET PAY: _____

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