www.remunerator.com.au
PO Box 7296
Melbourne 3004

EMPLOYEE REPACKAGE ADVICE FORM

Please COMPLETE & RETURN

Take full advantage

Employee: _____ *Employer:* _____

Email Address: _____ *Package Number:* | | | | | | | |

Return by fax to:
03 9882 5444
Ph. 1300 654 834

Change of Address Details: _____

Substantiation Requirements:

(a) we require a copy of a recent payslip
(b) for LOANS you ***MUST*** supply statements of current outstanding balances
(c) if any payments are met by periodic deductions from your savings account or payslip then we require a copy of the recent bank statement or payslip showing the deductions
(d) if you are repackaging existing Motorvehicle/s please submit in writing the following information:
(i) Registration Number
and (ii) Odometer Reading (km) effective for the date the package ceases.

Benefit Items (eg: Mortgage, Health Insurance Rent, Car Lease, etc)	**Supplier** (eg: CBA, Medibank, ORIX)	**First Payment Date**	**Payment Frequency** (eg:Monthly)	**BSB of bank account for deposits**	**Account No. of bank account for deposits**	**Amount $** (per annum)