

# YOUR PAYROLL DETAILS

1	<p><b>What is your name?</b></p> <p>First given name <input type="text"/></p> <p>Other given name <input type="text"/></p> <p>Surname / Family name <input type="text"/></p>
2	<p><b>What is your address?</b></p> <p>Current address <input type="text"/></p> <p>Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/></p> <p>e-mail address for newsletters and pay advice <input type="text"/></p>
3	<p><b>What are your phone numbers?</b></p> <p>Home Phone number <input type="text"/></p> <p>Mobile number <input type="text"/></p>
4	<p><b>What are your emergency contact details?</b></p> <p>(Emergency contact) first given name <input type="text"/></p> <p>(Emergency contact) family name <input type="text"/></p> <p>(Emergency contact) Home telephone number <input type="text"/></p> <p>(Emergency contact) Work telephone number <input type="text"/></p> <p>(Emergency contact) Mobile phone number <input type="text"/></p>
5	<p><b>Your Banking Details</b></p> <p>Bank name <input type="text"/> Branch <input type="text"/></p> <p><b>Note: BSB No [ Every box must have a no]</b></p> <p>Branch No [BSB No] <input type="text"/> Account Type <input type="text"/> [EG: Savings]</p> <p>Account No <input type="text"/></p> <p>Signature <input type="text"/> Date....../...../..... Time.....</p>