



This form is to be used by new employees or for employees to advise home address, emergency contact, next of kin contact details. The form should be returned to your Personnel / Payroll Team for action. Please attach additional forms if more than one emergency contact or fixed deposit is required.

You can use the EBS Portal to update your Australian address details and Salary Bank / Financial Institution details for your net pay and other deposits. You should only use this form for these transactions if you are unable to access the EBS Portal.

NAME		PREFERRED NAME	
	(as shown on Passport or Birth Certificate)		
SECTION			

BANK / FINANCIAL INSTITUTION ACCOUNT DETAILS

[You can now update your salary bank details in the EBS Portal. Please ensure that you do not close any previous or existing accounts until transfer of monies to your new account/s is confirmed.]

<p>MAIN BANK</p> <p><input type="checkbox"/> Net Pay</p> <p>Type of Financial Institution (please check box) <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Building Society</p> <p>Name of Financial Institution: _____</p> <p>BSB Number (Branch Number): _____</p> <p>Account Number: _____</p>	<p>OTHER BANK</p> <p><input type="checkbox"/> Fixed deposit of \$ _____ per fortnight</p> <p>Type of Financial Institution (please check box) <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Building Society</p> <p>Name of Financial Institution: _____</p> <p>BSB Number (Branch Number): _____</p> <p>Account Number: _____</p>
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ADDRESS / CHANGE OF ADDRESS

[You can update your Australian home address, emergency contacts & next of kin in the EBS Portal]

No. / Street: _____

City/Town: _____ Postcode: _____

State / Territory: _____ Country: _____

Phone: _____ Mobile: _____

EMERGENCY CONTACT / **NEXT OF KIN (please check box)**

Name: _____ Relationship: _____

No. / Street: _____ Postcode: _____

City, State / Territory: _____ Country: _____

Phone: BH: _____ AH: _____ Mobile: _____

EMPLOYEE SIGNATURE: **Date:** ____ / ____ / ____

- HR USE ONLY -	
Actioned Pay: _____ / _____	Actioned by: