

Who Do You Work For ?	Employer	
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SALARY PACKAGE APPLICATION

Send To	Fax	03 9822 7455
Advantage Salary Packaging	Mail	PO Box 8480 Armadale VIC 3143

Employee Details (Please Print)					
Title <small>(eg. Mr, Ms, Mrs)</small>		First Name		Family Name	
D.O.B.	/ /	Payroll No.		Position	
Address				Suburb	
State		P'code		Mobile	
Work Phone	()			Home Phone	()
Email	Work				
Email	Home				
Part Time	If you work part time, enter your 'guaranteed' fortnightly gross earnings \$ _____				
Site	Which site do you work at ? _____				

Additional Questions (answer if applicable)	
HELP	I have a HELP (HECS) debt and my gross annual salary is \$ _____ Yes, tick the box <input type="checkbox"/>
	I have a 'company car' for private use (eg. home to work travel.). If yes, tick the box <input type="checkbox"/>

Need More Information ?	Phone	03 9822 3455
	Email	info@salary.com.au
Declaration	I confirm that the above information is true and correct. I understand the taxation and financial implications of entering into a salary package arrangement.	
	Signature _____	Date ____ / ____ / ____