

## 2be Temp - Contact Details Form

### Personal Details:

|                             |    |    |
|-----------------------------|----|----|
| Name:                       |    |    |
| Date of birth:              |    |    |
| Tax file number:            |    |    |
| Home address:               |    |    |
|                             |    |    |
| Postal address:             |    |    |
|                             |    |    |
| Contact telephone number/s: | M: | H: |
| Email address:              |    |    |

### Emergency Contact:

|                             |    |    |
|-----------------------------|----|----|
| Name:                       |    |    |
| Relationship:               |    |    |
| Contact telephone number/s: | M: | W: |

### Superannuation:

|                           |  |
|---------------------------|--|
| Superannuation fund name: |  |
| Contact telephone number: |  |
| Policy / Member number:   |  |

### Bank Details:

|                        |  |
|------------------------|--|
| Bank name:             |  |
| Account holder's name: |  |
| BSB number:            |  |
| Account number:        |  |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

### Office Use Only:

|             |  |
|-------------|--|
| Start Date: |  |
| Rate:       |  |