

Please note that payment will only be made by EFT and remittance advice sent to email addresses.
Please ensure you provide these details.

1. Company details

Australian Business Number (ABN)

Entity name

Trading name (if applicable)

HIC or SIRA approval number (if applicable)

Clinician's name

Address

City/State/Postcode

Contact name

Telephone

2. Email for remittances (please complete the following information required for remittances)

3. Account details

Bank (eg ANZ)

Branch name (eg Parramatta)

Branch/BSB number

Account name (eg B Griffiths Pty Ltd)

Account number

4. Signature of Authorised Company Representative

Name

Signature

Date

return to:

ACCOUNTS PAYABLE

GPO Box 4052
Sydney NSW 2001
Tel: 1300 416 829
IC08122 0816

EMAIL

finance.workers-care@icare.nsw.gov.au

FAX

1300 738 583