



New Employer Data form

SL 17

To be completed by employer.

Please provide following documents together with the;

- copy of Business Profile
- copy of IPA copy of TIN - Non individual copy of valid ID & signature for nominated person(s)

Branch:

Employer Details

Employer Name:		
Employer Number:	IPA Registration Number:	
Postal Address:		
Phone:	Email:	
Location Of Business Operation:	Nature Of Business:	
Payroll Software:	Total Number Of Employees:	
Pay Run Week: <input type="radio"/> Business <input type="radio"/> Government	Do you have internet access? <input type="radio"/> Yes <input type="radio"/> No	
Bank Business Account Held: <input type="radio"/> ANZ <input type="radio"/> BSP <input type="radio"/> WESTPAC <input type="radio"/> KINA Other:	Payment Frequency: <input type="radio"/> Fortnightly <input type="radio"/> Monthly	
Bank Name:	Branch:	Account Number:
Payment Method: <input type="radio"/> Direct Deposit using ncsL slip <input type="radio"/> Inter - Bank - Transfer <input type="radio"/> Internet Banking <input type="radio"/> Telegraphic Transfer <input type="radio"/> Kundu Pei		

Employer Online User Access

Please nominate the Key Contact person (must be an authorised HR/Payroll/Accounts Personnel) who will be responsible for loading member contributions, authorising online loan and refund application.

Name:	Designation:	Phone/Mobile:	Email:	Date of Birth
Name:	Designation:	Phone/Mobile:	Email:	Date of Birth
Name:	Designation:	Phone/Mobile:	Email:	Date of Birth
Name:	Designation:	Phone/Mobile:	Email:	Date of Birth

Employer Authorisation

I, _____ (Name of Manager), _____ (Job Title) hereby authorise access to the Employer Online portal for the above user.

Date:	Company Stamp:
Signature:	