

Health Insurance Levy – Change of Details Form

Note:

Only complete details that have changed

Client ID

Name

If a company, enter full registered name

Contact name

Title	Mr	Ms	Miss	Mrs	First Name			
Last nam	е							
Daytime phone number ()								
Email								

Address details Correspondence address

Care of (if applicable)					
Location (floor, room number etc. give full details)					
Box number or street number and name					
Suburb/Town	State	Postcode			
Country if outside Australia					
Business address					
Care of (if applicable)					
Location (floor, room number etc. give full details)					
Street number and name					
Suburb/Town	State	Postcode			
Country if outside Australia					

Address for inspection of records

Care of				
Location (floor, room number etc. give full details)				
Street number and name				
Suburb/Town	State	Postcode		
Country if outside Australia				

EFT details

These details will be used if a refund is payable.

Account name	
Financial institution	Branch
BSB number Account number	

Declaration

I declare that all information provided is true and correct in every particular

l, on	DD/MM/YYYY				
Privacy statement					
Information collected from you on this form is required by Revenue NSW to determine if you have a liability or entitlement. The information may be provided to third parties with your consent or as required or permitted by law. Revenue NSW will correct or update your personal information at your request. Read more about privacy at <u>www.revenue.nsw.gov.au</u>					
Contact details					
1300 139 817* (Monday – Friday, 8.30 am – 5.00 pm) *Interstate clients please call (02) 7808 6	6915				
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Postal address GPO Box 4042 Sydney NSW 2001					
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