

Client Details – Health Insurance Levy and State Ambulance Insurance Plan

Note:

- You can complete and submit an application for client details online at www.revenue.nsw.gov.au
- Under the *Taxation Administration Act 1996*, it is an offence to give false or misleading information. You may also be liable to pay interest and/or penalty tax
- Print clearly in the boxed spaces and tick the appropriate boxes

Client ID*

**If you are already registered with Revenue NSW for another tax or duty, use your existing client ID.*

Type of registration

What type of registration are you applying for?

Health insurance levy

State ambulance insurance plan

Client name

Business

The business is a:

Company/ies	Partnership	Other ➤ (Specify)
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Business/Partnership name
Trading name
ACN/ABN

Address details – Note: You will not be registered unless this section has been completed.

Postal address (All correspondence will be sent to this address)

Care of			
Building name		Floor number	
Unit number		Suite	
Street number	Street name		
Suburb/Town		State	Postcode
GPO/PO Box no.	Suburb		Postcode
DX number		DX location	



Business address

Note: If your business address is the same as your postal address, write 'as above' in the box below

Care of		
Building name		Floor number
Unit number		Suite
Street number	Street name	
Suburb/Town	State	Postcode

Address for inspection of records

Note: If this address is the same as stated in either the postal or business address sections, please advise that here.

Care of		
Building name		Floor number
Unit number		Suite
Street number	Street name	
Suburb/Town	State	Postcode

Contact details for enquiries

Title	Mr	Ms	Miss	Mrs	First name
Last name					
Position in organisation					
Daytime phone no. ()				Mobile	
Email address					

Cancellations

Cancellation of registration, effective from DD/MM/YYYY

Reason for cancellation of registration ➤ *Specify below*

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Declaration

I,
declare that all information provided is true and correct in every particular
declared at (Place)
on the (Day) of (Month) (Year) 20
Signed

Signature of person registering, public officer or other authorised person.

Contact

Please indicate your preferred method of contact for all future correspondence:

Email	Mail
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EFT details

These details will be used if a refund is payable.

Account name									
Financial institution							Branch		
BSB number (must have 6 numbers)				-					
Account number (maximum of 9 numbers)									





Client education request

If you would like a member of our client education team to contact you to discuss NSW legislation, please tick this box. You will be contacted to arrange an appointment.

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 www.revenue.nsw.gov.au

Contact details

 1300 139 817* (Monday – Friday, 8.30 am – 5.00 pm) *Interstate clients please call (02) 9689 6200
 www.revenue.nsw.gov.au  returns@revenue.nsw.gov.au  Help in community languages is available.

Postal address

DX Number

GPO Box 4042,
Sydney NSW 2001

DX 456 Sydney

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