

# Health Insurance Levy – Change of Details Form



Revenue

## Note:

- Only complete details that have changed
- Print clearly in the boxed spaces and tick the appropriate box

Client ID

## Name

If a company, write full registered name

## Contact name

Title	Mr	Ms	Miss	Mrs	First name
Last name					
Daytime phone no. (    )					

## Address details

### Correspondence address

Care of (if applicable)		
DX number	DX location	
Location (floor, room number etc. give full details)		
Box number or street number and name		
Suburb	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	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	State	Postcode
Country if outside Australia		



## Cancellation of registration

Effective from

/	/
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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)	<table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>				-					
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Account number (maximum of 9 numbers)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									





## 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](http://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](http://www.revenue.nsw.gov.au)  [returns@revenue.nsw.gov.au](mailto:returns@revenue.nsw.gov.au)  Help in community languages is available.

### Postal address

GPO Box 4042,  
Sydney NSW 2001

### DX Number

DX 456 Sydney

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