

# Employee enrolment form

VALID FROM 1 NOVEMBER 2009



Please complete this form in **BLACK PEN** and **CAPITAL LETTERS**.

Your Employer No.

Use this form to enrol new employees who wish to join Media Super.



## Employer details

Please complete your details in this section.

Employer name

Address

State

Postcode

Telephone

(   )

Fax

(   )

Email address

## New employee details

Please provide details of your new employees. Please photocopy page 2 and attach it to the form if more employee detail fields are required.

1: Name:  TFN:

Address:

Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /

Member no. (if existing member):  Employer salary sacrifice (after tax): \$

2: Name:  TFN:

Address:

Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /

Member no. (if existing member):  Employer salary sacrifice (after tax): \$

3: Name:  TFN:

Address:

Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /

Member no. (if existing member):  Employer salary sacrifice (after tax): \$

4: Name:  TFN:

Address:

Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /

Member no. (if existing member):  Employer salary sacrifice (after tax): \$

5: Name:  TFN:

Address:

Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /

Member no. (if existing member):  Employer salary sacrifice (after tax): \$

# Employee enrolment form (cont.)

## New employee details (continued)

Please provide details of your new employees. Please photocopy page 2 and attach it to the form if more employee detail fields are required.

**6:** Name:  TFN:   
Address:   
Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /   
Member no. (if existing member):  Employer salary sacrifice (after tax): \$

**7:** Name:  TFN:   
Address:   
Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /   
Member no. (if existing member):  Employer salary sacrifice (after tax): \$

**8:** Name:  TFN:   
Address:   
Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /   
Member no. (if existing member):  Employer salary sacrifice (after tax): \$

**9:** Name:  TFN:   
Address:   
Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /   
Member no. (if existing member):  Employer salary sacrifice (after tax): \$

**10:** Name:  TFN:   
Address:   
Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /   
Member no. (if existing member):  Employer salary sacrifice (after tax): \$

**11:** Name:  TFN:   
Address:   
Gender: M  F  Date of birth:  /  /  Date joined employer:  /  /   
Member no. (if existing member):  Employer salary sacrifice (after tax): \$

## Individual completing form

Please complete your details in this section.

Surname

Given names

Applicant's signature

Date (DD/MM/YYYY)