

**Herbert River District Canegrowers Organisation Limited**

**EMPLOYEE WAGES AND SUPERANNUATION DETAILS**

**(All fields to be completed where applicable)**

Name: \_\_\_\_\_

Contact Ph# : \_\_\_\_\_ Mob# : \_\_\_\_\_

Email: \_\_\_\_\_

**Superannuation Details:**

Superfund Name: \_\_\_\_\_

Superfund Membership No. \_\_\_\_\_

USI (Unique Superannuation Identifier): \_\_\_\_\_

*If you have a Self Managed Superannuation Fund the following information is required*

SMSF Name: \_\_\_\_\_

ABN: \_\_\_\_\_

BSB No. \_\_\_\_\_ Account Number: \_\_\_\_\_

ESA (Electronic Service Address): \_\_\_\_\_

**Employees NETT PAY to be banked to the following:**

Bank/Building Society Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB No. \_\_\_\_\_ Account Number \_\_\_\_\_

Signed: \_\_\_\_\_ Employee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_