



## PERSONNEL DETAILS

### YOUR DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Phone Numbers After Hours \_\_\_\_\_

Business \_\_\_\_\_ Mobile \_\_\_\_\_

Tax File Number \_\_\_\_\_

Hesta Member Yes  No

If Yes please provide member number \_\_\_\_\_

### Next of Kin Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Please turn over for Bank details

**Banking Details: Obtained from a bank statement. Not a card number.**

**We advise you take this form to your bank and get it stamped as verification that details are correct. Wresacare are unable to obtain this information over the phone.**

**Bank** \_\_\_\_\_

**B/S/B/Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Account Type** \_\_\_\_\_

**In the Name of** \_\_\_\_\_

**It is essential you supply the correct details otherwise your pay cannot be processed.**

**Verification stamp.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

---

**Office use only**

**Date of Commencement** \_\_\_\_\_