



Australian Government

Australian Fisheries Management Authority

ABN 81098497517

MAC CHAIRS/MEMBER PAYMENT DETAILS FORM

PERSONAL PARTICULARS (please print clearly)

Title:		Surname:	
Other Names:			
Date of Birth:		Place of Birth:	
Address:			
State:		Postcode:	
		Phone (Home):	
		Phone (Work):	
		Phone (Mobile):	
		Fax Number:	
		Email Address:	

TAX FILE NUMBER

ABN (if applicable):	
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REMUNERATION PAYMENT DETAILS*

Institution:		Branch Number (BSB):	
Branch:			
Account Name:		Account Number:	

**Payment of travel expenses will be made to the same account unless you tell us otherwise.*

SUPERANNUATION FUND DETAILS

Superannuation Fund you would like to have funds transferred to	
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Please check with your Fund that these funds can be electronically transferred.