

# EMPLOYER DETAILS FORM

## Business details

Registered name:

Trading name:

ABN or ACN (whichever is applicable):

Trading address:

Suburb:

State:  Postcode:

Postal address:

Suburb:

State:  Postcode:

Total number of employees:

## Contact details for superannuation matters

Title:  Mr  Mrs  Ms  Miss  Dr Other:

Given names:

Surname:

Position:

Phone: (  )  Fax: (  )

Email address:

Would you like to register to submit your contributions via Employer Online?  Yes  No

## Sign and date

Position:

Phone: (  )

Signature:  Date:

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