

REQUEST TO CHANGE BANK ACCOUNT AND/OR PERSONAL DETAILS

If the details ANU has on your claim are incorrect or out of date, complete the top section of this form (injured worker personal details) and the section that relates directly to the details you consider to be incorrect.

If the details ANU has on your claim are correct then ignore this correspondence.

PRIVACY INFORMATION

Your privacy is important to us. For information about how we handle your personal information, please visit <u>www.anu.edu.au/privacy</u> or contact us on 02 6125 5111 and request a copy of our Privacy Policy.

| Please change the following | ig: contact details | bank account details | telephone numbe | ers | | |
|-----------------------------|---------------------|----------------------|-----------------|-----|---|--|
| CLAIMANT'S PERSON | AL DETAILS | | | | | |
| Given name(s) | | | | | | |
| ANU claim number | | | | | | |
| AGS number (optional) | | 1 | Date of birth | / | / | |
| | | | | | | |

SECTION 1—CONTACT DETAILS

| Residential address | | | | | | | |
|---------------------|----------------|-------------------|--------|----------|---|---|--|
| | | | | Postcode | | | |
| Postal address | | | | | | | |
| | | | | Postcode | | | |
| Telephone numbers | Home(|) | Work (|) | | | |
| | Mobile | | | | | | |
| Email | | | | | | | |
| Signature | | | | Date | / | / | |
| | (Injured worke | r signature ONLY) | | | | | |

SECTION 2—BANK ACCOUNT DETAILS (If changing your bank account details you must also complete Section 1)

| Name of financial institution Branch location | | | | |
|---|----------------------------|-----|---|---|
| BSB Name(s) on the | Account no | | | |
| accounts | | | | |
| Signature | Da | ate | / | / |
| | (Claimants signature ONLY) | | | |

SUBMIT COMPLETED FORM

Email: workerscomp@anu.edu.au

Post to:

Claims Management Team Work Environment Group, Human Resources 10B East Road, Chancelry Building The Australian National University ACTON ACT 2601