

MEMBER



SUPERANNUATION GUARANTEE NON-PAYMENT FORM

PLEASE COMPLETE AND SIGN THIS FORM AND RETURN TO:
BUSS(Q) GPO Box 2775, Brisbane Qld 4001

SECTION 1 YOUR PERSONAL DETAILS

Membership Number (if known) Date of birth (ddmmyyyy)

Mr/Mrs/Ms/Miss Surname

Given names

Postal Address

Street number / PO Box Street name

Suburb / Town / City State Postcode

Daytime contact number Mobile

Email

SECTION 2 EMPLOYER DETAILS

Employer's trading name Employer's BUSS(Q) number

Employer's contact number

Outstanding period

Period commenced (ddmmyyyy) Period ended (ddmmyyyy) (if still on going please leave blank)

Additional information

OFFICE USE ONLY

AAS CSO

Allocation to Date (ddmmyyyy)

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