

To be completed for new customers.

Module (Must Specify) i.e. Creditor/Cemetery/Registers

Details

Surname or Business Name _____
 Given or Contact Name/s _____
 ABN *If applicable* _____
 Address _____
 Postal Address _____
 Phone Work _____ Home _____
 Mobile _____ Fax _____
 Email _____
 NAR Code _____

NAR Codes: A-Business, B-Tourism, C-Management/Reference Committee, D-Media, E-School, F-Community Newsletters, G-Sporting Clubs, H-Community Committees(Not Council), I-Councillors, J-Community Engagement, K-Events, L-Health Facilities & Providers, M-Emergency Services, N-LG Councils.

Bank Details *Creditors Only*

Direct Deposit

BSB _____ Account Number _____
 Bank _____ Branch _____
 Account Name _____

Remittance Details

Contact Name _____ Email _____

Authorised By *GHSC Staff Member to Complete*

Signature _____
 Name _____ Position _____
 Date _____

Office Use Only

Received By _____ Office _____ Date _____
 Entered By _____ Signature _____ Date _____
 Requested By _____ Signature _____ Date _____
 NAR Number _____