



GROUP CERTIFICATE REQUEST

I, _____
(Employee Name)

of _____
(Employee Postal Address)

Date of Birth : _____

Tax File Number : _____

Contact Phone Number : _____

Wish to formally request a copy of my Group Certificate for the
Financial Year _____ to _____

Employee Signature : _____

Date : _____

PAYROLL:

Issued By : _____
(Payroll Coordinator)

Date : _____

Ground Floor, 99 Frome Street, Adelaide, South Australia 5000

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Facsimile (08) 8223 6170

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Website: www.hospitalitysa.com.au