

ALTERATION / REGISTRATION OF BANK ACCOUNT DETAILS

PTS101-2

Which Account Information would you like modified?

- Passenger Transport Operator:** Bus Operator Payments
- Concessions:** Transport Access Scheme
- Conveyance Allowance
- Age Pension Air Travel

Name (full name of individual, partnership name, registered business or company name)

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Business/Residential Address	Suburb	State	Postcode

Postal Address	Suburb	State	Postcode

Please Note: Not applicable to Conveyance Allowance Clients

Australian Business Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> </tr> </table>											Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>

New BSB Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> </tr> </table>									New Account Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table>	

Name(s) on Account (as listed by the financial institution)

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Name of Financial Institution

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Branch Address	Suburb	State	Postcode

Name _____

Signature _____ Date ___/___/20__

If the application is for a partnership or business, please list the full names of all signatories, sign and date.

Name _____

Signature _____ Date ___/___/20__

Please return form to:

Passenger Transport
Department of State Growth
GPO Box 1242
Hobart TAS 7001

Ph: 03 6166 3350
Fax: 03 6233 5377