

# CONTRACT CLEANING INDUSTRY APPLICATION FOR PAYMENT - DECEASED WORKER



## PART 1 - DECEASED WORKER DETAILS

Worker Registration Number

W										
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Date of Birth

D		M		Y			
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Given Name/s

Family Name

## PART 2 - CLAIMANT DETAILS

Given Name/s

Family Name

Number and Street or PO Box

Suburb/Town

State

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Postcode

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Phone

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Mobile

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Email

### What is your relationship to the deceased?

Spouse     Defacto     Other - specify

## PART 3 - EMPLOYMENT DETAILS

What date did the worker last work in the contract cleaning industry?

D		M		Y			
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Who was the last contract cleaning industry employer?

## PART 4 - PREVIOUS LONG SERVICE LEAVE PAYMENTS

A. Has the worker been paid or taken long service from an employer in the cleaning industry?  Yes  No - go to PART 5

If yes - provide name of employer:

Date payment was made:

D		M		Y			
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## PART 5 - INTERSTATE SERVICE

A. Did the deceased have long service recorded in another State or Territory?  Yes  No - go to PART 6

B. Do you want this service included in this payment?  Yes  No - go to PART 6

If yes - provide the workers ACT, QLD and/or VIC registration number/s:

ACT												QLD											VIC												
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## PART 6 - TAX DETAILS

Tax file number:

TFN				-				-			
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**NOTE:** Although no PAYG Withholding (Tax) will be withheld, the deceased's tax file number is required by Australian Taxation Laws.

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## PART 7 - PAYMENT DETAILS

The bank account details you provide on this form will be used to make your payment.

**The Long Service Corporation will not accept liability for funds deposited into the wrong account due to an error in the BSB/Account number provided.**

I authorise payment of the funds to be made into the following bank account:

Bank Branch - where account was opened

BSB Number

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Account Holders Name/s

Account Number - **DO NOT** enter your card number

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## PART 8 - SUPPORTING DOCUMENTATION REQUIRED

I have attached a **certified** copy of the **Death Certificate** or **proof of death**.

**AND**

I have attached a **certified** copy of the **Will/Probate/Letters of Administration**. If no Will was left by the deceased please complete the enclosed Statutory Declaration.

The copies provided must be certified as a true copy of the original by one of the following: a notary public officer; a registrar or deputy registrar of the court; a police officer; a pharmacist; a medical practitioner; a Justice of the Peace; an officer of the Long Service Corporation; or a member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants (IPA).

**NOTE:** Please complete all sections of this claim form and provide the supporting documents above, or we will be unable to process your application.

## PART 9 - DECLARATION BY CLAIMANT

The beneficiary or the next of kin is required to sign below.

### Signature and date

I declare that the information I have given in this declaration is true and correct. I make this declaration with the knowledge that a false or misleading statement may result in a penalty of up to \$5,500 under the provisions of Section 101 of the *Contract Cleaning Industry (Portable Long Service Leave Scheme) Act 2010*. I authorise payment as indicated above.

Name

Signature

Date

D		M		Y			
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## RETURN

Please complete and return to:

 **Scan and email** to [info@longservice.nsw.gov.au](mailto:info@longservice.nsw.gov.au) **or**  **Post** to Locked Bag 3000, Central Coast MC, NSW 2252



**INTERPRETER SERVICES**

If you need an interpreter, call **TIS National** on **13 14 50** and ask them to call **Long Service Corporation** on **13 14 41** or for more information visit [www.tisnational.gov.au](http://www.tisnational.gov.au)

