

SALARY PACKAGING

Employee form - associate lease

Please complete this form and email to salarypackaging@trinitas3.com.au

Associate contact details

Full legal name			
Date of birth			
Address			
State		Postcode	
Email			
Home phone		Mobile	

Taxation details

Tax file number	
ABN	

Bank account details (Associate's number only)

Account name	
Bank and branch	
BSB	
Account number	

Associate Lease Details	Vehicle 1	Vehicle 2
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Vehicle make/model		
Year		
Registration number		
Purchase date		
Purchase price		
Estimated annual KM		
Fuel	\$	\$
Registration	\$	\$
Insurance	\$	\$
Maintenance	\$	\$
Tyres	\$	\$
Finance/loan repayment		
Odometre reading		

Declaration of ownership

I, _____ declare that:
 for all intents and purposes the ownership of vehicle _____,
(vehicle make and model)
 registration number _____ resides with me.

Signature		Date	
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Change of ownership

I/we, _____ declare that:
 the motor vehicle, _____ registration number _____
(vehicle make and model)
 has been gifted to _____ with effect from _____.

Signature	_____	Date	
	<small>(of party gifting the vehicle)</small>		
Signature	_____	Date	
	<small>(of party receiving the vehicle)</small>		
Witness name			
Signature	_____	Date	

