

Northern Territory Invitation to Renew and Wage Declaration

Insured _____

Date of Issue _____ / _____ / _____

Policy Number _____ Account Number _____

Addressee _____

Postcode _____

Nature of Business _____ Policy Type Employers' Indemnity Policy

Period of Insurance From _____ / _____ / _____ to _____ / _____ / _____ at 4.00pm (unless otherwise indicated)

ABN _____ Unknown, if applicable, please advise _____ Registered for GST: Unknown, please advise ☐ Yes ☐ No

ITC entitlement _____ Unknown, please advise _____ % (we will assume zero entitlement if not advised)

You are obliged under Section 130 of the Workers Rehabilitation & Compensation Act to complete this wages declaration within 28 days of your Policy's expiry date being: _____ / _____ / _____

I (Name and address) _____

do solemnly and sincerely declare the following details:

Actual Amounts Paid in Previous Period

A. Ordinary Employees

Class of Occupation	Number of Employees	Gross Amount Paid
		\$
		\$
		\$
		\$
		\$

Estimate of Payments for Future Period

A. Ordinary Employees

Class of Occupation	Number of Employees	Gross Amount Estimated
		\$
		\$
		\$
		\$
		\$

If you require Family members or Company Directors covered under this Policy complete the following section.

B. Family Members or Working Directors

Full Name	Relationship to Employer	Occupation	Gross Amount Paid	Occupation	Gross Amount Estimated
			\$		\$
			\$		\$
			\$		\$

C. Other Persons Prescribed by Workers Rehabilitation & Compensation Act

Occupation of Prescribed Persons	Actual Number of Persons	Gross Amount Paid	Estimated Number of Persons	Gross Amount Estimated
		\$		\$
		\$		\$
		\$		\$

Signature _____ Date _____ / _____ / _____

Before Me (witness) _____ Print Name _____

Address of Witness _____

Note: A person wilfully making a false statement in a Statutory Declaration is liable to substantial penalties.

This Policy will lapse if no instructions are received by:

Policy Number _____

Attachment Date _____ / _____ / _____

Expiry Date _____ / _____ / _____

Please renew this Policy for a further 12 months from 4pm.

Signature _____ Print Name _____

Please detach and return to:

Allianz Australia Insurance Limited
GPO Box 4771
Darwin NT 0801
Phone (08) 8982 8333
Fax (08) 8982 8316

Who will be covered under the new definition?

All workers who:

- carry out work or services for you and DO NOT provide you with an Australian Business Number (ABN) in writing.

as well as:

- a person or class of persons included by Regulation (e.g. St. Johns Ambulance Volunteers.);
- Fire Brigade, Bushfire and Emergency Services volunteers.

Notes

Gross Payments Include:

For Wages and Salary Earners, Family Members and Company Directors.

- Wages, salaries, bonuses, allowances, commission and all other remuneration paid, including pays in respect of holidays, sickness, and long service leave.
- Overtime.

Signature of person making the declaration

This form is a statutory declaration and must be signed before a person who has attained 18 years of age. Regulation 16 of the Workers Rehabilitation & Compensation Act also provides that the Declaration must be signed by certain persons depending upon the organisational status of the employer.

- (a) Where the employer is natural person – the form must be signed by the person.
- (b) Where the organisation is a partnership – the form must be signed by a partner.
- (c) Where the organisation is a company, within the meaning of the Companies Act – the form must be signed by a director or secretary of the company.
- (d) Where the organisation is a foreign company, within the meaning of the Companies Act – the form must be signed by a director, the secretary or agent in the Territory of the foreign company.
- (e) Where the organisation is an incorporated association within the meaning of the Associations Incorporation Act – the form must be signed by the Public Officer.