



APPLICATION FOR NEW ACCOUNT

Send to COMCAR@finance.gov.au
Contact Client Liaison Manager
Phone: (02) 6215 1617

Note: Please print with black pen

ACCOUNT DETAILS	▶ Account name i.e. name of person/position using the account <i>(Max. of 29 characters, including spaces)</i>	<input type="text"/>	
	▶ Department/Agency	<input type="text"/>	
	▶ Postal address for Invoice	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		Postcode	
	▶ Attention to	<input type="text"/>	
▶ Contact details	Phone <input type="text"/>	Fax <input type="text"/>	
	Email <input type="text"/>		

PASSENGER DETAILS	Note: May be left blank if more than one regular passenger.	
	▶ Title <input type="text"/>	
	▶ First name <input type="text"/>	
	▶ Last name <input type="text"/>	
	▶ Position <input type="text"/>	
	▶ Phone numbers Business <input type="text"/> Mobile <input type="text"/>	
	Private <input type="text"/> SMS 'on arrival' confirmation Yes <input type="checkbox"/> No <input type="checkbox"/>	
	▶ Regular pick-up address <input type="text"/>	
		Postcode
	▶ Regular caller name <input type="text"/>	
▶ Confirmation email <input type="text"/>		
▶ Caller phone Business <input type="text"/> Mobile <input type="text"/>		

SIGNATURE	▶ By signing this form, I acknowledge that:
	<ul style="list-style-type: none"> • I understand that knowingly giving false or misleading information is a serious offence under the <i>Criminal Code Act 1995</i>. • I have read and understood the Privacy Collection Notice (see below).
	Signature of applicant <input type="text"/> Date <input type="text"/>

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OFFICE USE ONLY			
Date received <input type="text"/>	Account number <input type="text"/>	Account created Initials & date <input type="text"/>	
Industry code <input type="text"/>	Account type <input type="text"/>	Letter from CLM Initials & date <input type="text"/>	
FMIS A/C created Initials & date <input type="text"/>	Mailing list Initials & date <input type="text"/>		