



## **PARLIAMENTARIANS**

## PERSONAL PARTICULARS

Returning your completed form Scan and email to: eMOPSsupp	n port@finance.gov.au	Enquiries: Ministerial and Parliamentary Services Email: mpshelp@finance.gov.au Phone: (02) 6215 3333
PERSONAL DETAILS	Title	Senator Mr Mrs Ms Miss Other
	► Honorifics	
	Last name	
	► All given names	
	Preferred name (if different)	
	Date of birth	
	► Home address	
		Postcode
	Postal address	
	Official gov au	Postcode
	Official .gov.au email address	
	Personal email address	
FINANCIAL INSTITUTION DETAILS	Please make paymer	ents to my nominated financial institution, as set out below:
	Name of financial ins	stitution
	Branch	
	Branch number (BSB	B)
	Account number	
	Account held in the na	name(s) of
SIGNATURE	Financial institution:  • I agree that this a	account be used for all payments of work expenses.
		t knowingly giving false or misleading information is a serious offence under the
	Criminal Code Act  I have read and ur	ct 1995. Inderstood the Privacy Collection Notice (see below).
	Signature of	Date
	Parliamentarian	

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