

Notification of Change of Contact Details, Employment and/or Income



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If your contact details or circumstances affecting a compulsory income contribution assessment change, you are required to complete this form and send it to this office immediately.

Administration Number

Contact Details

Title Given Name/s Surname

Residential Address Postcode

Postal Address Postcode

Contact Number Mobile Number Work Number Fax Number

Employment and Income

Name of Your Current Employer Position Title

Commencement Date with Employer (DD/MM/YYYY) What is your current gross income (annual)?

Number of Dependants Child Support Payments made P.A.

Are you operating a business? If so provide details

You are required to provide evidence of any changes in circumstances as specified above e.g. payslips, tax returns, bank statements, employment contracts, invoices, ABN registration certificates, Child Support Assessment notices.

Signature of Debtor

Date (DD/MM/YYYY)

Note: It is an offence under the Bankruptcy Act to fail to notify the trustee of a change in name, address or day-time telephone number (s 80(1)). A bankrupt must, as soon as practicable, notify and provide the trustee with evidence of all changes of circumstances affecting a compulsory income contribution assessment (s 139U).