



Employee Change of Details Form

Employee Name: _____

Mine site employed: _____

Please revise my personnel records to reflect the following changes:

New Name: _____

New Address: _____

New Phone Number: _____

New Emergency Contact: _____

Emergency Contact Phone: _____

Change of Bank Account Details: Account Name: _____
(wages to be paid)

BSB: _____ Acc No: _____

\$ or %: _____

Change of Bank Account Details: Account Name: _____
(wages to be paid)

BSB: _____ Acc No: _____

\$ or %: _____

Other changes: _____

Date submitted: _____
(attach copy of email if required)

Signature: _____