

Salary Packaging Application Form

Novated Lease

To Submit this Form:

1. Fill in all details
2. Print the form
3. Place employee and employer signature at the bottom
4. Send your completed and signed form to: SalaryPackagingAdmin@fleetpartners.com.au

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Employment Information

Employer:

Employment Status:

Payroll No.:

Pay Frequency:

2

Personal Information

Title: Mr. Ms. Miss Mrs. Dr. Other:

Given name (s):

Surname:

Date of Birth:
(dd/mm/yyyy)

Gross Annual Salary: \$

Phone (Work):

Phone (Mobile):

Email Address:

Residential Address:
(Unit or Apt. no. / Street Name
Suburb / State / Postcode)Postal Address:
(if different from above)

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Employee Declaration

By signing this form, I:

- declare that the information provided is true and correct to the best of my knowledge;
- understand that I will be required to pay a fee for the salary packaging services, and that this may be deducted from my salary sacrifice amount by my employer;
- authorise FleetPartners to administer and, where required, alter my deductions in accordance with the requirements of this benefit, including the calculation of any applicable fringe benefits tax and/or employee (post-tax and pre-tax) contributions;
- acknowledge that a payment(s) or reimbursement(s) will only occur when sufficient funds have been received by FleetPartners;
- understand that any incorrect information provided to FleetPartners that results in a fringe benefits tax debt will be my liability;
- acknowledge that the information provided by FleetPartners does not constitute financial or taxation advice and that FleetPartners recommend that I seek independent professional advice before entering into a salary packaging arrangement;
- have read, understand and agree to the [Terms and Conditions for FleetPartners Salary Packaging Services – Terms and Conditions](#); and
- have read, understand and agree to the [FleetPartners Privacy Policy](#)

Employee Signature

Date:

Employer Signature

Date: