

To: Namich Business Solutions Pty Ltd

Payment Summaries ☐ or Taxable Payments ☐ or TFN Declaration ☐

Additional Information:

Year ended 30 June

Payer Business Name:

Payer Trading Name:

ABN/WPN: Branch:

Postal Address:

Street Address:

Contact Name: (Authorised Signatory)

Contact Telephone:

Fax No:

Email Address:

Note: