



Coal Mines Insurance Pty Limited
ABN 70 000 011 727

GPO Box 3842
Sydney NSW 2001
Phone: 02 8270 3200
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Email: kristy.sorensen@coalservices.com.au
www.coalservices.com.au

Policy Number:

WORKERS' COMPENSATION ANNUAL DECLARATION OF WAGES

Please return your completed form to Coal Mines Insurance no later than **31st August 2011**.

1. Employer Details

Legal Name of Employer (Your legal name as per your ABN)

Trading Name

ABN (Australian Business Number)

ACN (Australian Company Number)

Location of Business (physical address)

Street Name

Suburb

State

Post Code

Web Address

Postal Address

Street Name

Suburb

State

Post Code

Contact Person

Phone Work

Fax Work

Mobile

Email Address

2. Company Details

Are you registered for GST? Yes No

ITC entitlement %

(input tax credit – if you are registered for GST can you, Claim 100% of the GST from the ATO?)

If no, please specify your reduced input tax credit entitlement %

3. Related Entities

Does this organisation have related entities? Yes No

If yes please provide the following details:

Name of organisation	ABN	Workers Compensation Insurer	Policy Number

Please advise the name parent company? If applicable

4. Business Activity

Please provide a clear description of your business activity and the goods/services you produce/handle/supply within the NSW Coal Industry.

On a NSW coal mining lease/site

Off a NSW coal mining lease/site

5. Interstate or Overseas Work

Do you have employees working outside the NSW coal industry? Yes No

How long are the employees likely to work outside the NSW coal industry?

If yes, please advise which state or territory or country?

Is the work related to the NSW coal industry? Yes No

If not, please advise the insurer that you have workers' compensation cover for to cover these employees.

Name

Policy number

7. Declaration by Employer and Certification

The employer and certification declarations can not be signed by the same person.

Employer

I, (print name)

- hereby declare and warrant that the above is a true and correct statement of gross wages and assessable wages as per the CMI Definition of Wages Manual, paid to workers, deemed employees and relevant independent contractors
- declare that no information has been suppressed or omitted from this declaration
- acknowledge that the 'Definition of Assessable Wages' table has been provided to me
- am authorised by the employer to complete this form and sign this declaration
- as required by the conditions of the Coal Mines Insurance Workers' Compensation Insurance Policy.
-

Signature

Position

Date / /

Certification

This section must be completed by either an Independent Registered Accountant, Tax Agent, or External Company Auditor.

I, (print name)

of (company name)

- hereby declare and warrant that the accompanying Adjustment and Renewal Statement, Supplementary Schedule and the Employer's Declaration of Wages are a true and correct statement of assessable wages paid to workers and relevant independent contractors retained by

(employers name)

- as required by the conditions of the Coal Mines Insurance Workers' Compensation Insurance Policy.


I am registered with (registered body)


Registration number

Signature / / Date

Please return your completed form no later than **31st August 2011** to:

kristy.sorensen@coalservices.com.au

 02 9262 6090

 GPO Box 5319, Sydney NSW 2001