



REQUEST FOR INTERNET ACCESS FORM:

Company Name: _____

Policy No (s)/Site _____

Address: _____

Name of Person Nominated For Internet Access: _____

Position: _____

Phone No: _____

Email: _____

Select your Preference Default:

View Printable Report

Generate file for download – MS Excel 2003

NB. Due to the sensitive nature of the claims data available via the Internet please restrict access to suitably authorised personnel within your organisation only.

CMI must be informed immediately when an employee with CMI Internet access ceases employment with your organisation.

Signature: _____

Company Position: _____

Date: _____

PLEASE RETURN TO: Christine Sparsis
Business Services Manager
chris.sparsis@coalservices.com.au
Fax: 02 9262 6090

COAL MINES INSURANCE