

Employ	ver Name:		,	As a SEET Employer you are required		
Employer Number:			ι	under your relevant Industrial Agreement to		
Contact Name: Telephone:				make long service leave contributions to SEET on behalf of your employees. This		
				enables you to claim a tax deduction in the current financial year.		
		A	An arrears process is in place to follow up			
Paym	ent Date:		c	ontributions.		
·				er	mail to: mail@	seet.com.au
EMPLOYER CONTRIBUTION ADVICE FOR PERIOD:		to		Eg. 1/1/2016 to 31/1/2016		
Member Number	Member Name	Date of Birth	Weeks	Gross OTE This Period	3.25% Due This Period	If started or terminated – Date
* New:						
Address			-			
* New:						
Address	SS S					
* New						
Address						
	ers alphabetically by surname.			Page Total		
* For new employees, please complete Name, DOB and address details above.			rage IUlai			
Please EFT to National Bank: BSB 083 001 Account 55 894 9450 or make cheque payments payable to SEET Pty Ltd. Use your Employer Number as EFT reference. You must pay for weeks actually worked by your employees. Payments are due monthly within 7 days of the last day of the Payment Period. On completion, please send this form to us to the above email address above or post to address below.				Grand Total		