

Holiday Pay Arrears Claim Form

Employment Verification Details This information will be used to match you to existing employee data. Claim Reference Number If we sent you a claim letter, the claim reference number

will appear on the top right corner First Name: required

Surname: required

While employed at Landcare Research

Date of Birth:

By including your date of birth we can process your claim quicker

Name Changes

If you are claiming in a different name from the one you used while employed with Landcare Research, please complete this section

New First Name:

If it has changed since you were employed at Landcare Research New Surname:

If it has changed since you were employed at Landcare Research You will need to provide documentation showing the name change from old to new, eq, a marriage certificate, statutory declaration or birth certificate

Claiming on behalf:

Tick here if you are claiming on behalf of an employee due to power of attorney or deceased estate. Fill out this form with YOUR details and identity documents

Current Contact De	етан	S

Your address is needed for us to send you the payment letter and payslip

Preferred Name: Address 1: *required*

City/Town: required

Country: required

Telephone: Email address:

Pay	vment	Details
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Payment will be into a New Zealand bank account only

Are you a contributing KiwiSaver member?

Yes

No

Postcode:

If yes, KiwiSaver will be deducted at the current legislative minimum rate

NZ Bank Account Number: required

Document attachments

Please attach copies of these documents with your claim and tick the boxes to indicate they are attached

Identity verification- please provide one of the following: required

A copy of your birth certificate, passport, NZ driver licence, NZ firearms licence, NZ citizenship certificate, immigration NZ visa,

Please note: if your identity document has text on both sides (e.g. drivers licence), both sides must be scanned in order for it to be accepted

Proof of address: required

A recent utility bill, bank letter, rates bill, or letter from IRD

IR330: required

Your tax code, IRD Number and signature

Special tax certificate:

If you have a special tax code

Proof of name change:

As per instructions in the box in the top right-hand corner

Dec	laration

I confirm that I am the person named in this application, and that the details I have provided

Signature:

Date:

are true and correct. required

Please send your completed form and attachments to either: hr@landcareresearch.co.nz or post to Human Resources, PO Box 69040, Lincoln, Canterbury 7640