PP AUSTRALIA NSW PTY LTD (IN LIQUIDATION) ACN 613 037 442

CLAIM OF EMPLOYEE

NAME:				
ADDRESS:				
TELEPHONE NUMBER:				
POSITION:				
NAME OF AWARD or AWA:				
PERIOD OF EMPLOYMENT:		/ / to	/ /	
AMOUNT OF CLAIM/DEBT:	Wages and salaries f the period from Superannuation Unused annual leave	/ / to	/ /	\$
	Long service leave			
	Other (provide details	s)		
	Total			\$
CURRENT WAGE (GROSS):	\$		per week/fortnight/month	
FURTHER DETAILS OF CLAIM:_				
Please return to:	Sophia Dao Deloitte Financial Ad 550 Bourke Street MELBOURNE VIC 30			

plutus@deloitte.com.au

OFFICE USE ONLY				
POD No:	Ordinary:	\$		
Date Received	Preferential:	\$		
Entered IPS:	Rejected:	\$		
RATA Amount: \$	Held Over:	\$		