



## When to use this form

This form should be completed by new claimants or if you need to change your details.

Claims for assistance can be made by:

- lodging a claim online using the logon ID and password provided when you are approved as a Tasmanian Freight Equalisation Scheme (TFES) claimant, or
- completing a **Tasmanian Freight Equalisation Scheme Claim for Assistance – Domestic goods (TAS002)** form, or
- completing a **Tasmanian Freight Equalisation Scheme – Goods going to other markets (TAS022)** form.

### Returning this form

Return this completed form to:

Email: **tfes.support@servicesaustralia.gov.au**

Post: **Services Australia  
Tasmanian Transport Schemes  
GPO Box 1269  
Hobart TAS 7001**

Fax: **(03) 6208 9976**

### For more information

Go to **servicesaustralia.gov.au/tfes**

Call us on **131 158** call charges may apply

## Claimant details

**1** Is this your first time claiming?

No

Yes

**2** Claimant's/Company's name

**3** Registered trading name (if different to claimant's name)

**4** Claimant's Australian Business Number (ABN)

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**5** Your Centrelink Customer Reference Number (if known)

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**6** Claimant code (if known)

**7** Postal address

  
 Postcode

**8** Physical address (if different to above)

  
 Postcode

**9** Contact name (must be an authorised signatory)

**10** Phone number

**11** Fax number

 ( )

**12** Email

**13** Are you claiming:

**Tick all that apply**

Northbound (Tasmania to Australian mainland)

Southbound (Australian mainland to Tasmania –

Manufacturer, miner or primary producer)

Intrastate (Tasmania to Bass Strait Islands or vice versa)

Other markets

Other (specify)


**14** Principal business activities


**15** Other business activities



CLK0TAS020 2007

## Claim signatories

### 16 Read this before answering the following questions.

The declaration on the Claim for Assistance form must be signed by a signatory nominated by the authorised person of the company/organisation.


**Nominated signatories must be an employee of the company/organisation whose details are provided on this form. Nominated signatories will be given online access which includes logon id and password.**

Names to be **added to** the list of approved signatories

**1** Nominated person's full name

Email


Position held in organisation

Signature  


**2** Nominated person's full name

Email


Position held in organisation

Signature  


**3** Nominated person's full name

Email

Position held in organisation

Signature  


### 17 Names to be **removed from** the list of approved signatories and online access

**1** Removed person's full name

**2** Removed person's full name

## Bank details

### 18 Provide your bank account details.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

## Privacy notice

### 19 You need to read this

#### Privacy and your personal information

The privacy and security of your personal information is important to us, and it is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy)

## Declaration

### 20 I hereby certify that I have the authority to authorise all the above details on behalf of the company or organisation.

**I authorise** the signatories noted on this form to access the online services on behalf of the company or organisation.

**I declare that** the information I have provided in this form is complete and correct.

**I understand that** giving false or misleading information is a serious offence.

Printed name

Position in organisation

(must be an owner, a partner if a partnership or a director, company secretary or the manager of the company for example, Chief Financial Officer or General Manager).

Signature



Date