

3 OCTOBER 2012

WORKERS COMPENSATION NEW BUSINESS ACCOUNT**Premium Due Notice**

Note: This document will be a Tax Invoice for GST when you make a payment.

Insured:

MANTILLA MEDICAL FT PTY LTD ATF J & C MANTILLA FAMILY TRUST

Addressee: MANTILLA MEDICAL FT PTY LTD
PO BOX 736
KOTARA
NSW 2289

Policy Number: MWN 6056969 033 01
Policy Type: EMPLOYERS INSURANCE POLICY
Period of Insurance: 07/09/12 TO 07/09/13 AT 4 P.M.
Nature of Business: SECRETARIAL SERVICES TO A
MEDICAL PRACTITIONER
Account Number: H/2901001 Z/2580989
Employer/Trustee ACN/ARBN: 156 570 473
Employer/Trustee ABN:
Trust ABN: 24 946 979 811
Declared Input Tax Credit Entitlement: 100.00%

Dear Policyholder,

We look forward to receiving your estimated annual premium of **\$345.71 (this amount includes GST of \$31.43)** by the due date of **03/11/12**.

Your estimated annual premium for the current period of insurance is shown on the attached Premium Calculation Form, calculated in accordance with the NSW Workers Compensation Act 1987. This will be adjusted at the end of the policy period, when we receive your declaration of actual wages paid. The Workers Compensation Classification/Rates and the Government Levies applicable to your policy are also detailed within.

Should you have any queries on this matter, please contact our office or your insurance adviser. Thank you for entrusting Allianz with your Workers Compensation needs.

Yours sincerely,



Manager-Operations-NSW W/Compensation

E.& O.E. PMS03 13121003

Allianz Australia Workers Compensation (NSW) Limited A.C.N. 003 087 545 as Agent for The NSW Workcover Scheme A.B.N. 83 564 379 108 002

For payment options see overleaf

Insured	MANTILLA MEDICAL FT PTY LTD		
Policy Number	MWN 6056969 033 01	Account Number	H/2901001 Z/2580989
Period Commencing	07/09/12	Period Expiring	07/09/13
Date Due	03/11/12	Amount Due	\$345.71

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