

Request for Assistance



Claimant Please Print

Claim No.: _____ Date of birth: _____ Date of injury: _____

Family name _____
TITLE SURNAME

First name(s) _____

If known by another surname, please state _____

Phone No. _____

Home address _____

List any expenses, allowances or other entitlements that you are claiming for and the costs (if known).....
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.....
.....

Attach any accounts, receipts or other proof that you have to support your claim.

Payment Details

Wellnz can pay by direct credit into your bank account. This will need to be confirmed with either:

- a pre-printed deposit slip from your bank.
- a screen shot from internet banking, which must include the bank's logo and your account number.
- completing your bank account details below.

Bank Account Number: _____

Bank Account Name: _____

The bank account must be in our own name. You can provide a joint or trust account, as long as your name is included as one of the account holders.

Claimant Declaration

CLAIMANT TO SIGN HERE DATE / /

Please complete the form and return in the pre-paid envelope provided