

APPLICATION FOR AN INDIVIDUAL WIGS & HAIRPIECES/BREAST PROSTHESIS PAYEE NUMBER

Please print clearly and legibly **SECTION 1_Payee Number Type** Please indicate by ticking **Breast Prosthesis** Wigs and Hairpieces Both **SECTION 2_Client Details** Surname First Name(s) **NHI Number** Postal Address (if different from residential) Residential Address **SECTION 3_Contact Details** Please supply one Home Mobile **SECTION 4 Direct Credit Details** One of the following must be attached A) A bank verified deposit slip (either pre-printed or stamped and signed by a bank teller) The top of your bank statement showing your full name, bank account number and name of the bank. ***Please note that we do not deposit into credit card accounts*** **SECTION 5 GST Number** Please supply if you are a registered user **SECTION 6_Certification** Declares that all information provided above is true and to the best of your knowledge. Please tick the box if you are the parent or legal guardian signing on behalf of the claimant Signature Date