

SAI SOLUTIONS PTY LTD
(PROVISIONAL LIQUIDATORS APPOINTED)
ACN 159 529 183

CLAIM OF EMPLOYEE

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

POSITION: _____

NAME OF AWARD or AWA: _____

PERIOD OF EMPLOYMENT: _____ / / _____ to _____ / /

AMOUNT OF CLAIM/DEBT: Wages and salaries for the period from _____ / / to _____ / / \$

Superannuation

Unused annual leave days _____

Long service leave _____

Other (provide details) _____

Total \$

CURRENT WAGE (GROSS): \$ _____ per week/fortnight/month

FURTHER DETAILS OF CLAIM: _

Please return to: Tom Acton
Deloitte Financial Advisory Pty Ltd
550 Bourke Street
MELBOURNE VIC 3000

plutus@deloitte.com.au

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