



Workers Insurance

Tax invoice

002106 2106 EMAIL
Zakaria Klink
ZAKARIA KLINK
43 Amalfi St
LURNEA NSW 2170

Issue date:

13/09/2023

Amount Due:

\$865.56

if paid in full by 30/11/2023

Due date:

30/11/2023

Amount Due:

\$911.12

if not paid in full by 30/11/2023

Employer name:

ZAKARIA KLINK

Policy number:

197449401

Policy Period:

31/10/2023 - 31/10/2024

Invoice number:

1021211568

Payment schedule

Payment description	Premium	GST	Amount
Premium payable	\$828.29	\$82.83	\$911.12
5.00% discount	-\$41.42	-\$4.14	-\$45.56
Discounted premium if paid in full by 30/11/2023	\$786.87	\$78.69	\$865.56

Please note:

- The discount will not be applied if payment is received after the due date
- Payments received after the due date may incur a late payment fee, compounded monthly. Visit our [website](#) for details
- Any payments made within the last 24 hours will not be reflected on this invoice

icare™ is the brand of Insurance & Care NSW and acts for the Workers Compensation Nominal Insurer ABN 83 564 379 108

Remittance

Tear here



Workers Insurance

Policy number:

197449401

Amount paid:

\$

Preferred methods of payment

BPAY - telephone and internet banking

Contact your bank, credit union or building society to make this payment from your bank account.

More info: www.bpay.com.au



Biller Code: 258251
Ref: 197449401656

Online or phone

Visit www.icare.nsw.gov.au or call 13 44 22 to pay by debit or credit card. A payment processing fee plus applicable GST is applied to debit or credit card payments. Please see our website for details: www.icare.nsw.gov.au/employers/premiums/pay-your-premium

Cheque

Please fill in the amount paid and return this remittance slip with your cheque.

Please send cheques to:

GPO Box 1603, Sydney NSW 2001

Please make cheques out to 'icare Workers Insurance'.

+19744940100000>

+009119+

<0000966637>

<0000091112>

+444+