



PSSap Employer Services Online registration request/amendment to user details

This form must be completed and returned to employers@pssap.com.au by the agency's Approving Officer.

If you need any help to complete this form, phone 1300 308 806 or email employers@pssap.com.au.

Please complete **sections A** to **G** of this form using black ink and capital letters. When you email this form to us, make sure you have filled out and included all three pages.

Tick appropriate answer box

A	My requiren	ients											
	Type of exit (please tick one)	Registration – user access request. Please complete sections B, C, D, F and G Amendment to user details – please complete sections B, C, D, F and G Deletion – please complete sections B, E, F and G											
B	Employer de	tails											
	Employer/agency name												



he information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, ou should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the elevant **Product Disclosure Statement (PDS)** and consider its contents before making any decision regarding your super.

	Additional u	ıser												
	Salutation	Mr	Mrs	Ms	Miss	Other								
	Surname													
	Given name(s)													
	Existing user ID if applicable													
	Work email address													
		@												
	Work phone													
	By completing this application,	•				e Responsibiliti	ies information shee							
	available at: eac.csc.gov.au/you	ur-toolkit/on	lline-services/	terms-and-co	nditions/									
	Access requ	irem	ents											
	Please note if no election is made below, the authorised user will gain full access and have the authority to manage the entire employee listing for the employer or agency.													
	Edit content Employee edit Employee search	Submi Upload	t content d file											
B	Delete the f	ollov	ving u	ıser										
	Salutation	Mr	Mrs	Ms	Miss	Other								
	Surname													



Given name(s)

Existing user ID

Employer/agency declaration

- This section must be completed by an Authorised Approving Officer on behalf of the employer or agency. If you are unsure who this is please phone **1300 308 806**.
- The officer detailed above will be authorised on behalf of the employer/agency for the purpose of supplying us with any notice, comment, contributions or information required to facilitate administration of PSSap.
- By completing this application, you acknowledge that you have read and understood the Responsibilities information sheet available at: eac.csc.gov.au/your-toolkit/online-services/ terms-and-conditions/

Authorisation (Approving Officer for your agency)



Authorised approving officer's signature

Authorised Approving Officer's full name

SIGNATURE									Date signed											
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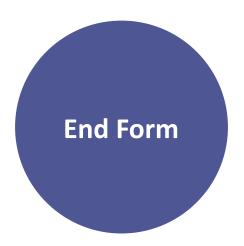
Please save and email this application to employers@pssap.com.au

Where can I get more information?

EMAIL employer.service@csc.gov.au



WEB csc.gov.au





Email
employer service@csc.gov.au



Phone 1300 338 240



Fax (02) 6275 7010



