



Deceased Claim Form

E: info@ntbuild.com.au W: ntbuild.com.au P: 1300 795 855 A: Unit 32-33, 12 Charlton Court, Woolner

For help completing this form email info@ntbuild.com.au

Privacy – Information on this form is collected under the *Information Act 2002 (NT)*. Before completing this form, please read the NT Build privacy statement available at <https://ntbuild.com.au/information-privacy-access/>

Note: NT Build will only accept the deceased claim form 60 days after the workers date of death.

Workers details

Registration number (if known)	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>	Given names	<input type="text"/>
Last known postal address	<input type="text"/>		
		State	Postcode
Last known email	<input type="text"/>		
Last known phone number	<input type="text"/>	Date of death	<input type="text"/>

Personal representative details / Next of Kin



IMPORTANT

You must supply the following documentation when submitting this application

- Death certificate
- Photo Identification of applicant (Driver's licences or passport)

Surname	<input type="text"/>	Given names	<input type="text"/>
Current residential address	<input type="text"/>		
		State	Postcode
Email	<input type="text"/>	Contact phone number	<input type="text"/>

Are you applying as an executor/administrator?

No Provide a deed of indemnity (to be issued by NT Build office) after you complete and submit this form

Yes Provide a copy of probate or letters of administration.

Are you aware of any other person who has or applying to administer the deceased estate or who may seek to claim the deceased worker's long service leave benefit?

No

Yes Provide details below

Interstate service

Are you aware if the deceased has worked in construction in another state?

No Yes Provide details:

Direct credit payment details

IMPORTANT

- Payments **will not** be deposited into business or credit card accounts.
- Check your BSB and account number with your bank, credit union or building society.
- NT Build **will not accept liability** for funds deposited into the wrong account due to an error in the BSB or bank account number provided.

Name of bank, credit union or building society

Account held in the name(s) of

Branch number (BSB)

Account number

Personal representative declaration

I declare and acknowledge that:

- The information provided on this form is true and correct in every detail.
- I will notify NT Build in writing and provide full details if there is a change.
- NT Build may refuse this application if the information provided is incomplete, false or misleading. An authorised officer may request further information to be provided.
- It is an offence to make a declaration that is false in any material particular.
- I have read and agree to the NT Build privacy statement available at <https://ntbuild.com.au/information-privacy-access/>
- NT Build is authorised by me to share any documents or information I have provided as part of this application, with relevant interstate portable long service leave authorities as required.

Personal representative signature

Date

Return this form and all supporting documents:

- by email to: info@ntbuild.com.au, or
- by post to: NT Build PO Box 36644, Winnellie NT 0821
- by office: Unit 32-33, 12 Charlton Court, Woolner
Business Hours
Monday to Friday (excluding Public Holidays)
8:00am - 4:30pm