

ACCOUNT HOLDER REQUEST FORM



CUSTOMER SERVICE DETAILS

CUSTOMER SERVICE

<http://nettab.custhelp.com> or PHONE 131 802

Mail within Australia:

Tabcorp Customer Service
REPLY PAID 4168
GPO Box 4168
SYDNEY NSW 2001

Mail from outside Australia:

Tabcorp Customer Service
GPO Box 4168
SYDNEY NSW 2001
AUSTRALIA

Facsimile:

(02) 8868 5096

International:

+612 8868 5096

ACCOUNT DETAILS

Account Number:

Date:

 / /

Title:

Given Names:

Surname:

Current Address:

State:

Postcode:

Phone Number (Home):

 ()

Phone Number (Work):

 ()

Mobile Number:

Email Address:

Please tick the appropriate boxes:

Update my Address details as per above.

I have not received my TAB Account identification card for the above account.

I have lost my TAB Account identification card for the above account.

Please advise PIN for the above account.

Please change PIN for the above account to:

 (Numbers Only)

Please close my account and forward a cheque to the above address. (Account cards must be surrendered to an Agent or forwarded to GPO Box 4168, SYDNEY NSW 2001, AUSTRALIA to close the account and for any monies to be released)

Please transfer the balance from the above account to:

Change of Name.
(Please attach TAB card and relevant change of name Document)

Customer
Signature: _____

My TAB Account identification card is damaged
(Please enclose card)

ID sighted (note details below)

Retail Office No: _____

ID No: _____

Retail Office Signature: _____

OFFICE USE ONLY

Signature Checked:

 / /

Address Changed:

 / /

New Card Cycle Number:

Balance:

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