Abandon



## Workers Compensation How to obtain Wages Declaration for policy

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Postcode: Policy Type: Agent:	6000 Insured ABN: Workers Compensation PE0001080 ELDERS INSURANCE - A	W LBANY (WA)	/ording:		
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	Insured Name	Tax Details		
	Client Type: Company V	ABN:		
	Name Of Insured: TEST XX01 2	GST Registered:	Not Registered 🗸	
	Trading Name:	Taxable % / ITC %:	0.00	
Ľ	Abbreviated Name: TESTXX	ACN:		
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	Postal Address	Other Contact E	Details	
1	Street: PERTH	Mobile Phone:		
	Suburb: PERTH	Business Phone:	0892136100	
	State: WA 🗸	Fax Number:		
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