



## HOLIDAYS ACT PAYMENT CLAIM FORM

This information will be used to match to our employment data.

### YOUR DETAILS

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

IRD Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Please contact the IRD if you are unsure of your number

Site: \_\_\_\_\_ Region: \_\_\_\_\_

### NAME CHANGES

Has your name changed since you joined or have left CHH?

please tick one

Yes ☐ No ☐

Previous name: \_\_\_\_\_

### CURRENT CONTACT DETAILS

Address 1: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

This may be used for correspondence and/or payment information

Preferred contact method

please tick one

Phone ☐ Email ☐

### PAYMENT DETAILS

Bank Account

Name: \_\_\_\_\_ Tax Code: \_\_\_\_\_

See IR330 for list of codes

Account Number: \_\_\_\_\_

Are you a contributing KiwiSaver member?

please tick one

Yes ☐ No ☐

### PLEASE ATTACH THE FOLLOWING DOCUMENTS

#### IR330 (Required)

This contains your taxcode, IRD number and a signature

(a PDF version of this form and further information is available on the IRD website)

**KS2 (if applicable)**

(KiwiSaver deduction form)

**Identity Verification (required)**

Any one of the following:

- \*Birth Certificate
- \*Passport
- \*Certificate of citizenship
- \*Immigration NZ visa
- \*Drivers licence
- \*Firearms licence or HANZ 18+ card

Please note if your identity document has text on both sides (e.g. driver licence) both sides needs to be copied for it to be accepted.

**Bank Account Verification**

Any one of the following:

- \*A screenshot of your account number with account name via internet banking
- \*A copy of your bank account statement
- \*A printout with the account number and account name from your banking provider

**FOR TAX PURPOSES PLEASE INDICATE YOUR ANNUAL INCOME**

please tick one

- \$0 - \$14,000
- \$14,001 - \$48,000
- \$48,001 - \$70,000
- \$70,000 - \$126,286
- \$126,286+

**QUESTIONS**

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**PRIVACY**

By providing your personal information in this form, you consent to Carter Holt Harvey using that information to consider and process your claim. We will not use or disclose personal information collected in this form for any other purpose. If you do not provide the information requested in this form, we may not be able to process your claim.

I confirm that I am the person named in this application and that the details I have provided are true and correct.

Signed: \_\_\_\_\_

Please mail this completed form with your supporting documents to Carter Holt Harvey Holiday Act Payments, PO Box 92-106, Victoria Street West, Auckland, 1142

If you have any enquiries regarding filling out this form please email:

For ex CHH employees: [harp@chh.co.nz](mailto:harp@chh.co.nz)

For ex Carters employees: [harp@carters.co.nz](mailto:harp@carters.co.nz)