

Regional Certifying Body Advice TAX INVOICE

Date of Request: _____

Regional Certifying Body Application Processing Fee **\$550.00 (inc. GST)**

Nominee Name: _____

Company: _____

Postal Address: _____

Telephone: _____ Email: _____

Payment Method

Bank Cheque ► Wimmera Development Association

Money Order ► Wimmera Development Association

Direct Deposit ► BSB 033 - 629 A/C 255941 reference WDA - Regional Certifying Body

Debit Card ► In person at the offices of Wimmera Development Association,
62 Darlot Street, Horsham, Victoria 3400

Credit Card ► Provide details below

Visa Mastercard

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____ CVN: _____

Cardholder's Name: _____

By ticking this box, you are confirming that all details are correct and authorise this transaction

Please note that this fee is non-refundable in the event that the Regional Certifying Body is not satisfied
that this nomination meets the criteria outlined on the front of this form.

Credit card information will be used for charge paying purposes only

THIS FORM WILL BE DESTROYED ONCE PAYMENT IS PROCESSED. PLEASE KEEP AS A SEPARATE DOCUMENT