

Allianz Australia Workers' Compensation (NSW) Limited A.C.N. 003 087 545

as Agent for The NSW Workcover Scheme A.B.N. 83 564 379 108/002

For enquiries: Ph 1300 130 664 Fax 1300 662 954

17 SEPTEMBER 2012

**WORKERS COMPENSATION ADJUSTMENT ACCOUNT**  
**Adjustment Note****Insured:**

MANTILLA MEDICAL PTY LTD

**Addressee:**

MANTILLA MEDICAL PTY LTD

PO BOX 739

KOTARA

NSW 2289

<b>Policy Number:</b>	MWN 6052545 033 01
<b>Policy Type:</b>	EMPLOYERS INSURANCE POLICY
<b>Period of Insurance:</b>	20/09/11 TO 30/06/12 AT 4 P.M.
<b>Nature of Business:</b>	MEDICAL PRATITIONER

<b>Account Number:</b>	H/2901001 Z/2541532
<b>Employer/Trustee ACN/ARBN:</b>	152 083 997
<b>Employer/Trustee ABN:</b>	43152083997
<b>Trust ABN:</b>	
<b>Declared Input Tax Credit Entitlement:</b>	100.00%

Dear Policyholder,

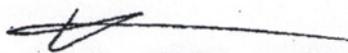
Your annual premium has been adjusted for the above period of insurance, in accordance with the NSW Workers Compensation Act 1987.

The attached Premium Calculation Form shows the calculations for this adjustment.

Adjusted annual premium	\$1,104.41
Less estimated premium debited	\$591.00
<b>Adjustment Premium Payable</b> (including Government charges):	<b>\$513.41</b>
<b>this amount includes GST of</b>	<b>\$46.67</b>

Should you require further assistance, please contact our office or your insurance adviser. Thank you for entrusting Allianz with your Workers Compensation needs.

Yours sincerely,



Manager-Operations-NSW W/Compensation

E.&amp; O.E. PMS23B 01120917

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For payment options see overleaf

<b>Insured</b>	MANTILLA MEDICAL PTY LTD		
<b>Policy Number</b>	MWN 6052545 033 01	<b>Account Number</b>	H/2901001 Z/2541532
<b>Period Commencing</b>	20/09/11	<b>Period Expiring</b>	30/06/12
<b>Date Due</b>	17/10/12	<b>Amount Due</b>	\$513.41

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