|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous District / DHB information (PLEASE COMPLETE A FORM FOR EACH DISTRICT/DHB)** | | | | |
| First Name |  | | | |
| Last Name |  | | | |
| Employee ID |  | **Previous District/ DHB** | |  |
| Start Date |  | **End Date** | |  |
| *Please attach any supporting documents such as Certificate of Service* | | | | |
| Tax Code |  | | | |
|  | *If your tax code has changed since you worked at your previous District, please complete the attached* [*IR330*](https://webmail.hanz.health.nz/owa/redir.aspx?C=jKnidPgizJyfBdpDufBhgXDgY8_VKyZSI-xF5tlMiQbreZtRXxvbCA..&URL=https%3a%2f%2fwww.ird.govt.nz%2f-%2fmedia%2fproject%2fir%2fhome%2fdocuments%2fforms-and-guides%2fir300---ir399%2fir330%2fir330-2022.pdf%3fmodified%3d20220728214819%26modified%3d20220728214819) *and send it with your email request.* | | | |
| Current Bank Account |  | | | |
| Kiwisaver contribution % |  | | | |
|  | *If you are no longer a Kiwisaver member please advise* | | | |
| Current Statutory deductions |  | | | |
|  | *i.e. Child Support / Tax Arrears / Court Deductions* | | | |
|  |  |  | |  |
| Signature |  | | **Date** |  |
|  |  | |  |  |

**Please complete and return a form to the relevant Payroll Team at all previous DHB/District employers. Correct email addresses for each District has been provided below:**