

PAYMENT STARTING ADVICE

For Higher Degree by Research Students

Part A (to be comple	eted by Scholar	ship Recipient	:)			
Surname/ Family Name:						
Given Names:						
Student ID:					Male	Female
Email:			[Date of Birth: dd/mm/yyyy		
Banking Details:						
Name of Financial Instituti (ie: Bankwest, Unicredit, ANZ)				Branch: (Suburb)	
BSB Number:		Account	Number:			
Account Name:						
Recipients Signature: Date: Date:						
Part B (to be comple		ships Office)				
Scholarship Title:	Domestic:	ships Office)	International:		Year First Offered:	
		ships Office)		tly Stipend:	Year First Offered:	
Scholarship Title:	Domestic:	ships Office)	Fortnight	tly Stipend:		
Scholarship Title: Annual Stipend:	Domestic:	ships Office)	Fortnight	, , __		
Scholarship Title: Annual Stipend: Commencement Date:	Domestic:	ships Office)	Fortnight	expiry date:	\$	
Scholarship Title: Annual Stipend: Commencement Date: Cost Centre Number	Domestic:	ships Office)	Fortnight	expiry date:	\$	
Scholarship Title: Annual Stipend: Commencement Date: Cost Centre Number Scholarship Title:	\$	ships Office)	Fortnight	expiry date:	\$ Tax Free	
Scholarship Title: Annual Stipend: Commencement Date: Cost Centre Number Scholarship Title: Annual Stipend:	\$	ships Office)	Fortnight	expiry date:	\$ Tax Free	