Return form to:
Postgraduate Scholarships Co-ordinator
Office for Postgraduate Research
Victoria University (Footscray Park Campus)
PO Box 14428, Melbourne, Victoria, 8001

TO PAY OFFICE

SCHOLARSHIP PAYMENT DETAILS

Instructions: The award holder should complete Sections A and B only.
Payment of the scholarship will not commence until this form, an "Acceptance of Award and Declaration by Award Holder" form **and proof of enrolment** has been received by the Scholarships Coordinator.

A. PERSONAL PARTICULARS (to be completed by the award holder)

Title: ____ Surname: _____ Given Names: _____

Address for Correspondence: _____

_____ Postcode: _____

Telephone Number (Home/Mobile): _____

Date of Birth: _____/_____/_____ Email: _____

ID Number: _____ Name of Course: _____

School/Centre/Institute: _____

Phone Number at University: _____ Fax: _____

Supervisor: _____

B. BANKING DETAILS (to be completed by the award holder)

I hereby authorise my sponsor, Victoria University, pursuant to Section 82(1b) of the Industrial Relations Act 1979, to pay my stipend into my bank account, details of which are provided below.

Name of Financial Institution: _____

Branch Address: _____

BSB Code: ☐☐☐ - ☐☐☐ Account Number: ☐☐☐☐☐☐☐☐☐

In the Name(s) of: _____

Signed: _____ Date: _____/_____/_____

C. AWARD DETAILS (to be completed by the Scholarships Coordinator)

Name of Scholarship: _____

Account Code : ☐☐☐-☐☐-☐☐☐ - 4107

Stipend Amount: $ _____ per annum

Date of Award (Start):_____ to (End) _____

Action required: _____

Scholarships Coordinator Signature: _____ Date: _____/_____/_____

D. For Pay Office Use Only

Payroll Number: **SC**_____ Position Number: _____

Banking details confirmed: Yes ☐ No ☐

Authorising Officer's Signature: _____ Date: _____/_____/_____

(y:\n\payoffice\bankdetl.doc)