

ACT Leave Penalty Interest Waiver Request Form

For help completing this form email compliance@actleave.act.gov.au

Privacy – Information on this form is collected under the *Information Privacy Act 2014*. Before completing this form you must read the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

Employer details

Registration number

Business name

Contact person's name

Email

Contact phone number

Penalty details

Refer to the **Penalty Interest Advice Notice** received for this information.

Which return period(s) had penalty interest applied?

Penalty amount \$

Have you been granted a waiver for penalty interest in the past?

No ☐

Yes ☐ Give details

Reason(s) for your request

Declaration

I declare that:

- the information provided on this form is true and correct in every detail.
- I will notify ACT Leave in writing and provide full details if there is a change.

I acknowledge that:

- I have read and agree to the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>
- ACT Leave may refuse this application if the information provided is incomplete, false or misleading. An authorised officer may request further information to be provided.

You can sign this form electronically or print and sign by hand.

Employer's signature

Date

Returning this form

Return this form and all supporting documents:

- by email to: compliance@actleave.act.gov.au, or
- by post to: ACT Leave PO Box 264 Jamison Centre ACT 2614