

Compulsory Third Party Insurance *Nomination Notice*

Registered operator's details										
Individual/s (if registered in joint names, only details of one operator required)										
Family name		Given name/s								
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>								
Driver licence number										
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>							
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>							
Organisation (if registered owner is a business)										
Organisation Name		ACN/Business Number	Customer Reference Number							
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>							
Vehicle details										
Registration number/s	Make and Model (eg Ford, Falcon)	Body Shape (eg Sedan)	Registration Renewal Date							
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>							
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>							
Nomination										
I wish to nominate		Allianz	as my CTP insurer to take effect from the start of the next registration renewal period							
Registered operator's signature		<i>Date</i>	OFFICE USE ONLY							
<input style="width: 95%; height: 30px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>							
			ALLIANZ USE ONLY							
NSA			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> </tr> </table>	4	3	0	0	6	1	4
4	3	0	0	6	1	4				

Completed forms can be sent (No postage stamp required) to:

National Seniors Australia
Reply Paid 1450
Brisbane QLD 4001

More questions? If you have any questions about Allianz CTP cover please call our Customer Service Centre on 1300 50 50 99

NATIONAL SENIORS INSURANCE CAN 28736

Declaration and important Privacy Statement: National Seniors respects your privacy and is committed to protecting your personal information. National Seniors collects the personal information we need to provide membership services to you. You can view full details of our Privacy Statement by visiting our website.