

ATTACHMENT 12



**EMPLOYEE DECLARATION FORM
MEAL ENTERTAINMENT CARD**

I acknowledge and agree to the following:

- I will not access cash via the meal entertainment card facility
- I will keep all the necessary documentation to substantiate expenses relating to expenditure for 7 years (originals or photocopies)
- I acknowledge that my employer has recommended that I obtain independent financial advice prior to commencing salary packaging
- I acknowledge that upon ceasing employment with my current employer my meal entertainment card arrangement will cease and I will have only one month in which to spend any outstanding balance
- I acknowledge that all payments made on my meal entertainment card meet the criteria and that I will provide to my employer documentary evidence of such on a monthly basis or upon their request
- I agree to indemnify my employer in the event of FBT charges (additional fringe benefit tax, penalties and/or interest) arising from any non compliance on my part as detailed in Attachment 13
- I acknowledge the need for me to make choices that are in my best interest and within my financial means
- I acknowledge that taking large amounts of my remuneration package as non-cash benefits may mean I have insufficient cash salary to meet my day to day requirements
- I acknowledge that the CBB Inc will not be responsible for any FBT liability that may arise through any non compliance on my part as detailed in Attachment 13

EMPLOYEE NAME:

EMPLOYER NAME:

CONTACT NO: Hm: Wk: Mobile.....

EMPLOYEE SIGNATURE..... **DATE.** / /

EMPLOYER REPRESENTATIVE **DATE .** / /