

PAYMENT STARTING ADVICE

For Higher Degree by Research Students

Part A (to be completed by Scholarship Recipient)						
Surname/ Family Name:						
Given Names:						
Student ID:				Male	Female	
Email:			Date of Birth: dd/mm/yyyy			
Banking Details:						
Name of Financial Institut (ie: Bankwest, Unicredit, ANZ			Branch: (Suburb)		
BSB Number:	Ac	count Number:				
Account Name:						
Recipients Signature: Please forward to HDR Scholarships Office, Graduate Research School Date:						
Part B (to be comple	eted by HDR Scholarships Domestic:	Officer) International:				
Scholarship Title:	Domestic.	international.		Year First Offered:		
Annual Stipend:	\$	Fortnigh	ntly Stipend:	\$		
Commencement Date:			Expiry date:			
Cost Centre Number				Tax Free		
Scholarship Title:				Year First Offered		
Annual Stipend:	\$	Fortnigh	ntly Stipend:	\$		
Commencement Date:			Expiry date:			
Cost Centre Number				Tax Free		
Signature:	Sok Bewley, HDR Sch		ate:			