

08 March 2019

Mr D J & Mr C L Pietrograzia PO Box 2613 MAREEBA QLD 4880

Go paperless!

Send us your email address to clientservice@wfi.com.au to start receiving your documents via email.

RENEWAL SCHEDULE

Your WFI Contact

Grant Shannon P 0429 181 063

E clientservice@wfi.com.au

P 1300 934 934 F 1300 797 544 WFI

Reply Paid 16213

COLLINS STREET WEST VIC 8007

TYPE OF I	NSURANCE								
GROWER PACK	NOURAINCE								
PERIOD OF INSURANCE (EXPIRES MIDNIGHT) 20 April 2019 to 20 April 2020									
CLIENT NAME Mr D J & Mr C L Pietrograzia									
CLIENT NUMBER C314556	PREMIUM \$2,010.75								
POLICY NUMBER 01 GPK 3619752	FIRE SERVICE LEVY								
Tax Invoice When payment is made, this schedule can be used as a Tax Invoice for	\$201.08								
Australian GST purposes "If you are registered for GST purposes, your input tax credit entitlement is or is	GOVERNMENT STAMP DUTY \$199.17								
based on the GST amount shown. Please note that, in accordance with the GST law relating to insurance premiums the GST amount may be less than 1/11th of the Total	TOTAL AMOUNT PAYABLE \$2,411.00								
Amount Payable".	DUE DATE 20/04/19								

The insurance cover provided by the above policy expires at midnight on the Due Date. This renewal schedule is our offer to renew the policy on the basis of the details shown above and on the enclosed certificate(s). We will automatically continue cover past the Due Date on this basis.

If renewal is required , the payment slip is to be enclosed with the remittance for the Total Amount Payable.

If any changes to the certificate(s) are required, please let us know. If we are not advised of any changes, we will assume the details shown on the certificate(s) are accurate.

We reserve the right to alter our offer to continue cover and the terms of our renewal offer if changes to the certificate(s) are required or new information comes to light. BREY 18/4/19

Insurance Australia Limited ABN 11 000 016 722 AFSL 227681 trading as WFI (WFI)

WFI Payment Slip Please do not remit cash by post. If paying by credit card, please tick one box.

	Biller code	172171			utoresse			Ti I	V/ICA		7		issisten peranakan minenya					
PAY	Ref:	36197523	Master						VISA									
FAI							Expi	y Date):	/			Amo	unt: \$				
						CARD NUMBER												
Use BPay to pay from your bank account, credit or debit card.						1		1				Manage			1			
Mr D J & Mr C L Pietrograzia							Signature:											
CLIENT NUMBER POLICY NUMBER							DUE DATE					TOTAL AMOUNT PAYABLE						
C314556 01 GPK 3619752					2	20/04/19					\$2,411.00							
WFIO	ffice Use Only	REN: 03	AM:	4021	L AGE	INT: 0	1 999	9901										

ENTERED