



State Debt Recovery Office

The Fines Division of OSR

Office of State Revenue
NSW TREASURY
ISO 9001-Quality Certified
ABN: 77 456 270 638

Enquiries 1300 655 805 TTY: (02) 6354 7255

Email info@sdro.nsw.gov.au

Website www.sdرو.nsw.gov.au

Time to Pay Application – for Companies

To apply to pay your enforcement order(s) by instalments

- NOTE:**
- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
 - Do not use this form to apply for 'Time to Pay' on a penalty notice unless the penalty notice has already become an enforcement order. Part payment may be made towards a penalty notice.
 - If you fail to comply with a 'Time to Pay' order, SDRO may use the information to impose registration restrictions, to have your company assets seized by the sheriff or your bank account garnisheed to satisfy the fine.
 - Restrictions imposed by the NSW Roads and Traffic Authority or any other actions taken against you by SDRO may remain in force until all outstanding fines and enforcement costs have been paid
 - If you do not complete all sections on the form, SDRO may decline your application
 - Please send your completed form to the State Debt Recovery Office, PO Box A2571, SYDNEY SOUTH 1235, or fax to **(02) 6354 7302**

Company details

Company name

Company address

Mailing address

Enforcement Order Number(s)

ACN Date / / 20 Phone no. ()

Type of business

The company currently trades under the following name(s)

The company has previously been known by the following name(s)

The company carries on business at the following addresses

Details of company officer/representative who is completing this form

Name Position

Address

Date of this application / / 20 Phone no. ()

Company directors

Name Address

Name Address

Company income

Estimated average GROSS weekly income

Less: Estimated average weekly operating expenses (wages, materials, etc)

Equals estimated average weekly NET income

Company bank/building society/credit union account details*

Bank and branch	BSB no.	Account no.	Name of account	Balance
				\$
				\$
				\$

Note: that payments will not be automatically deducted from your bank account while you are on a time to pay arrangement.**Company-owned motor vehicles**

Registration no.	Make	Model	Approximate value
			\$
			\$
			\$

Complete this section if the company is currently owed money (is a creditor)

Money owed	Owed by	Reason for debt
\$		
\$		
\$		

Complete this section if the company currently owes money (is a debtor)

Money owed	Owed to	Reason for debt
\$		
\$		

Proposed method of payment (tick one if not fortnightly)Initial payment of followed by per fortnight OR per week per month

The SDRO reserves the right to review and change a time to pay order once it has been established

The facts and figures set out in this application are true and correct to the best of my knowledge, information and belief.

Your name Phone no. Signature Date **PRIVACY**

The information in this form is required by the State Debt Recovery Office (SDRO) to determine your application to pay by instalments. The information may be provided to third parties with an individual's consent or as required or permitted by law. An individual may correct or update personal information by contacting the SDRO.