

Matter No:

/20

(Office use only)

March 2019

Certificate

Certificate of ServiceThis is the approved form for certifying service.

Applicant:			
Respondent:			
Filed by:			
This certificate is filed by ☐ Worker	y: ☐ Employer	☐ Self-insurer	
☐ Worker representative	☐ Employer representative	☐ Insurer/scheme agent representative	
☐ Dependant	☐ Scheme agent*	☐ WorkCover NSW	
☐ Dependant representative	☐ Specialised insurer	☐ TMF Agent	
*Note scheme agent means scheme agent for the nominal insurer			

Schedule of documents served

Electronic lodgment

Facsimile

Document	Document Date	Party or Person Served	Service Date	Mode of Service
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	

Certification of Service

I certify service of documents in accordance with the above schedule.			
Signature:	Date: / /		
Name :			
Lodgment Details			
Hand delivery	Level 20, 1 Oxford Street Darlinghurst NSW 2010		
Postal address	PO Box 594 Darlinghurst NSW 1300		
Document exchange	DX 11524 Sydney Downtown		

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.

registry@wcc.nsw.gov.au

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