COMPENSATION CLAIM REGISTRATION FORM

Please fax completed form to:- (07) 4197 5616
Or by post to:- Law Essentials, PO Box 3358, Hervey Bay Q 4655

Full Name(s):-	
Company/Organisation:-	
Postal Address:-	
Residential Address:-	
Home Phone:-	
Work Phone:-	
Fax Number:-	
Mobile:-	
Email address:-	
If a Fishing Business, what fishery are you involved with? e.g. Trawl, Line, Net, Crab	
Boat Mark:-	
Do you lease the licence?	Yes / No
If a Land Based Business, please describe your business.	
How do you believe you have been (or will be) impacted by the Oil Spill and/or the Container Spill? Please provide details.	