

Marine Safety Branch  
GPO Box 2520  
Darwin NT 0801

DEPARTMENT OF INFRASTRUCTURE,  
PLANNING AND LOGISTICS

Telephone: 08 8924 7100  
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**PAYMENT METHOD FORM**  
CREDIT CARD OR ELECTRONIC FUNDS TRANSFER

**CONTACT DETAILS**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Specify Name and \_\_\_\_\_

Postal address for Tax Invoice: \_\_\_\_\_

**CREDIT CARD DETAILS**

**NOTE: Proof of direct deposit** (eg. bank remittance advice) is to be **provided** within 24 hours of the deposit being made. ***If proof of deposit is not supplied with the application, the application will not be processed.***  
If paying by cheque/money order, make payment to the **'Receiver of Territory Monies'**

**Please debit my credit card for the amount: \$** \_\_\_\_\_

Visa                       MasterCard                       Bankcard

Please note: We **do not accept Diners JCB or AMEX** cards

Card Number:          -     -     -

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

Payment is for: \_\_\_\_\_

**Electronic Funds Transfer (EFT)**

Bank Account Information (where payments will be deposited)

Company Name:                      DIPL - MARINE SAFETY  
Financial Institution Name:        NATIONAL AUSTRALIA BANK  
Financial Institution Address:    Level 1, 71 Smith Street, Darwin NT 0830  
Account Title:                      DIPL  
BSB Number:                        085 461  
Account Number:                    601610008  
Description:                         Type in Vessel / Company or Surname

**Please provide following details in order for the payment to be matched to the EFT deposit.**

Amount Deposited:	\$	Banking Reference No:	
Description of payment: (Include name of Vessel(s), Company or Surname)			
Payee's Name: (Print and Sign)			

Office Use Only:			
Date Processed:		Action Officer:	
Receipt No:		Receipted Amount:	