



Workers Compensation
Commission

March 2019

Application

Application to Revoke an Interim Payment Direction

This is the approved form to apply to revoke an interim payment direction.

Applicant:

**Respondent for
revocation:**

Filed by:

- | | | |
|--|--|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Specialised insurer | <input type="checkbox"/> WorkCover NSW |
| <input type="checkbox"/> Employer representative | <input type="checkbox"/> Self-insurer | |
| <input type="checkbox"/> Scheme agent* | <input type="checkbox"/> Insurer/scheme agent representative | |

**Note scheme agent means scheme agent for the nominal insurer*

Service: **Date application served on other parties:** / /

Date of interim payment direction: / /

Matter No. of interim payment direction: - 20

NOTICE TO PARTIES

The Commission will contact the parties by telephone following lodgment of an Application to Revoke an Interim Payment Direction.

The Registrar may:

- give a copy of the application to the Respondent
- obtain the Respondent's views on the application
- revoke the interim payment direction

PART 1 – Party Details

1.1 Applicant details

Name of
business/organisation:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

Cross this box if correspondence and documents are to be sent to or served at address of representative

1.2 Insurer/scheme agent details

Claim number:

Name of insurer/scheme
agent:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

1.3 Applicant representative details

Complete this section only if the applicant has a representative

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Phone number for teleconference:

Email address:

Phone number:

PART 2 – Reasons for Revocation Application

PART 3 – Supporting Documentation

Note: Supporting documentation is limited to documents that have been exchanged between the parties as and when required by the Workplace Injury Management and Workers Compensation Act 1998 and any regulation or guideline made under that Act, and by the Workers Compensation Commission Rules 2011

List all the information and documents attached to this application.

Document	Author	Date of Document
		/ /
		/ /
		/ /
		/ /
		/ /

PART 4 – Certification and Signature

Applicant's (or representative's) signature: _____ Date: / /

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
Electronic lodgment	registry@wcc.nsw.gov.au
Facsimile	1300 368 018

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.