

NOMINATION OF PLAN MANAGER

(Participant/Representative to Fill-in, print and submit to NDIS)

DATE: _____

TO: National Disability Insurance Scheme (NDIS)

My PARTICIPANT NDIS ID: _____

My NAME: _____

My Date of Birth: _____

My Address: _____

I nominate Arrow & Quill NDIS Plan Manager as my plan manager. Below please find their NDIS Provider details:

NDIS Provider ID: 405 006 8404

Trading Name: Arrow & Quill NDIS Plan Manager

Legal Name: The Trustee for S & S Kennedy Family Trust

ABN: 96 839 367 460

Email Address: ndis@arrowandquill.com.au

Phone No: 0406026580

Website: www.arrowandquillndis.com.au

Yours sincerely,

Signature: _____
(Participant/Representative)

Name: _____
(Participant/Representative)