



**Australian Government**  
**Department of Immigration and Citizenship**

**Request for Translating and Interpreting Service (TIS National)**  
**Client Code**

**Pharmacy Clients**

Name of Pharmacy: \_\_\_\_\_

Contact name (Manager etc): \_\_\_\_\_

PBS approval number: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Street  
address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

If you have any questions about this form, please call the TIS National Client Liaison and Promotions team on 1300 655 820.

Please complete this form and fax to the TIS National Client Liaison and Promotions team on **1300 654 151**.



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