



AustSafe Super

INDUSTRY

Employer Application

IMPORTANT: Please use BLOCK letters and **black** ink when completing this form and ensure it is signed and dated. Send the completed form to AustSafe Super GPO Box 3113 Brisbane Q 4001. If you have any questions please call the AustSafe Super Customer Service Centre on 1300 131 293.

Section 1: Employer Details

Registered company name (company, sole proprietorship, partnership)

Trading name

Street business address

Suburb

State

Postcode

Australian Business Number

Industry details (please tick the box which represents your industry)

Cattle Sheep Grain Dairy Fruit and Vegetables Cane Sugar Manufacturing
 Timber Nursery Nuts Flora Grape Growing/Wine Chicken Pork Olives
 Transport Packing Fish Other:

Section 2: Contact Details

Mr/Mrs/MS/Miss

Surname

Given Names

Postal business address

Suburb

State

Postcode

Telephone number

Facsimile number

Email

Section 3: Commencement Details

Frequency of contributions (please tick)

Monthly Quarterly

*Contributions will commence from: DD/MM/YYYY

*Contributions are those required to satisfy your obligations under any Industrial Award or Agreement and Superannuation Guarantee Act.

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Section 4: Declaration

I apply to AustSafe Super to become an employer in Fund for the benefit of my employees and agree that:

- a) in consideration of the Trustee accepting (from the commencement date) my application in the Fund, I/We agree to be bound by the terms and conditions of the Trust Deed relating to the Fund, including making contributions at least quarterly for my company's employees who are members of the Fund as required under the Trust Deed;
- b) I/We have received the Employer Guide;
- c) I/We am liable to pay any costs or loss incurred by the Trustee of the Fund for any arrears of contributions payable and the recovery of those arrears.

Employer's full name <input type="text"/>	Employer's signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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IMPORTANT: Complete only the section appropriate to your business structure. Please use BLOCK letters and **black** ink.

Sole proprietor

Signed by: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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In the presence of: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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Company

Signed by: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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In the presence of: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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Partnership

Signed by: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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In the presence of: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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Signed by: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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In the presence of: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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Signed by: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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In the presence of: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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Signed by: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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In the presence of: (insert name below) <input type="text"/>	Signature <input type="text"/>	Date (dd/mm/yyyy) <input type="text"/>
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