

APPLICATION FOR MEMBERSHIP

COMBINED APPLICATION FOR MEMBERSHIP AND DEED OF ADHERENCE REDUNDANCY PAYMENT APPROVED WORKER ENTITLEMENT FUND 1 AND REDUNDANCY PAYMENT CENTRAL FUND

Name of Company/Business:
(Includes companies, partnerships, sole traders, etc)

Trading Name:

Postal Address:
..... Post Code:

Street Address:
..... Post Code:

Telephone Number: (.....)..... Mobile Number: (.....)

Facsimile Number: (.....)..... E-mail Address:

Type of Work Conducted by the Employer:

Have you or your co Directors or Partners, as the case may be, been a Director, Partner, Sole Trader, Sole Proprietor or Working Sub-Contractor of any other company, partnership or business which at any time has been or continues to be a member of Incolink?

YES / NO – If yes, please provide full details, including the relevant registration number or numbers below:

Contact Person: Please complete details of authorised contacts on next page.

The Employer hereby applies for membership of the Redundancy Payment Approved Worker Entitlement Fund 1 (“**Approved Fund No. 1**”) established by a Deed of Trust made 10 March 2004 (as amended from time to time) (“**Approved Fund Trust Deed**”) between Master Builders Association of Victoria (**MBAV**), CFMEU and CEPU and Redundancy Payment Central Fund Ltd. ACN Number 007 133 833 (trading as Incolink) (“**Trustee**”) and of Redundancy Payment Central Fund (**Existing Fund 1**) established by a Deed of Trust made 10 April 1989 (**Existing Fund Trust Deed**) between MBAV, AWU and Unions predecessor to those above and agree to be bound by the terms and conditions of the Approved Fund and Existing Fund Trust Deeds (copies of which is available upon request from the offices of Incolink).

The Employer acknowledges if its applications for membership are accepted then membership will take effect from the date of this application or such later date as may be notified by the Trustee.

The Employer also warrants that the information set out in this Application Form and in A, B or C of Schedule 1 to this Application Form and in the registration forms which accompany this Application Form is true and correct and complete.

NOTE: 1. Contributions in respect to apprentices are payable to Existing Fund 1.

2. Contributions to Approved Fund No. 1 reduce or satisfy the Employer’s contribution obligations (other than in respect to apprentices) (if any) to Existing Fund 1.

DEED OF ADHERENCE

- The Employer hereby acknowledges that if its applications for membership of Approved Fund No. 1 and Existing Fund 1 are accepted then it will be bound by the terms of the Trust Deeds (as they may be subsequently amended) on the basis that it is a “member” as defined in the Trust Deeds and that it must make contributions to the Trustee in accordance with the terms of the Trust Deeds in respect of the following:-
 - all employees (including apprentices) engaged at any time in working on a project in the building and construction industry including those presently engaged whose names and other details are set out in the Employee Registration forms which accompany this Application Form; and/or
 - other employees whose names and addresses accompany this Application Form together with such other employees as may be advised to the Trustee from time to time. The Employer further acknowledges and agrees that the employees falling within category (b) will be treated as working on a project in the building and construction industry, for the purposes of the Trust Deeds.
- The Employer must, to the extent permitted by law provide to the Trustee all information requested by it, including details about employees.
- An Employer which is a trustee is bound both personally and in its capacity as a trustee.

Signature of Employer: Dated:
(in the case of a company, to be signed by director/partner of the company)

Full Name of Signatory: (Please Print)

Signature of Witness:

Full Name of Witness:

Address of Witness:

To be Completed by Incolink

Registration Number: Date of Registration:

The Redundancy Payment Central Fund Ltd A.C.N. 007 133 833

1 Pelham Street, Carlton, Victoria 3053

Telephone: (03) 9639 3000 Facsimile: (03) 9639 1366 Toll Free: 1800 337 789

Email: redund@incolink.org.au Web: www.incolink.org.au

SCHEDULE 1

COMPLETE A, B OR C

A. If a Company/Trading Trust

Name of Company:

Name of Trading Trust:

ACN No: ABN No: Date Of Incorporation:

Registered Address:

Directors of Company

1. Name: Date of Birth: Membership No.:

Address: Post Code:

2. Name: Date of Birth: Membership No.:

Address: Post Code:

(If there are further directors please attach details)

B. If a Partnership

Do you have employees? Yes No

Trading Name of Partnership:

ABN No: Date Registered: State Registered:

Name of Partners (In Full)

1. Name: Date of Birth:

Address: Post Code:

Tel: Mobile: Membership No.:

2. Name: Date of Birth:

Address: Post Code:

Tel: Mobile: Membership No.:

(If there are further partners please attach details)

C. If a Sole Trader

Do you have employees? Yes No

Name of Sole Trader: Membership No.:

Trading Name:

ABN No: Date Registered:

State Registered: Drivers Licence No.:

Residential Address:

Home Tel.: Mobile: Date of Birth: