



WA CONSTRUCTION INDUSTRY REDUNDANCY (No. 2) FUND
 WA Construction Industry Redundancy Fund Limited ABN 80 337 100 395
 as trustee for WA Construction Industry Redundancy (No 2) Fund
 1ST Floor, 44 Parliament Place, West Perth, WA 6005
 Postal - PO Box 432, West Perth, WA 6872
 Ph - (08) 9481 0259 Fax - (08) 9321 1441
 Email – info@wacirf.com.au Web – www.wacirf.com.au

CONTRIBUTION AGREEMENT (NO. 2) FUND

I/We.....
 (Business Name)

.....
 (Trading Name if different from Business Name)

Of.....
 (Business Address)

.....
 (Postal Address if different from Business Address)

Your A.C.N..... Your A.B.N.....

Type of Trade/Industry Activity you are engaged in.....

Membership of Employer Association.....

I/We hereby request that I/we become a party to the WA Construction Industry Redundancy (No. 2) Fund established by Deed dated the 9th March 2004. I/We hereby apply to be a “Participating Employer” Member of the Limited Fund and agree to be bound by the trust, terms and conditions of the Trust Deed and Fund Regulations governing the Fund (as they are amended from time to time) and confirm that a copy of the present Trust Deed and Fund Regulations governing the Fund have been made available for inspection at the registered office of the Fund or that I/we have, in return for a copy fee, been provided with a reproduction of the present provisions of the Trust Deed and Fund Regulations if requested.

I/We have voluntarily agreed with the Trustee to make Redundancy Pay Contributions at the contribution rate(s) nominated (see over).

Please turn over page to List Nominated Employees and Building Projects

Signature of Employer:.....

NOTE: In the case of a company this agreement is to be executed under the seal of the company (if applicable)

Signature of Witness:..... Name of Witness:.....
 (Please Print)

Director:.....
 (Signature)

Director/Secretary:.....
 (Signature)

Date:...../...../.....

Please provide us with your:

Telephone No.....

Facsimile No.....

Mobile No.....

Email.....

Name of Contact Person.....

Have you a Registered Agreement with the Unions?



AFFIX SEAL HERE

Yes No

PLEASE NOTE: THIS FORM WILL NOT BE PROCESSED UNLESS ALL DETAILS ARE COMPLETED CORRECTLY!

List of Participating Employees

(To be registered as Members of the Fund and for whom Redundancy Pay Contributions are to be made)

NOTE: All sections must be completed as per illustrated example below

Name (Surname-Christian name)	Address	Date Of Birth	Non Specified Site	Address Of Building Project	Period Of Contributions		Rate Of Contribution Per Week
e.g. John Smith	1123 Metal Grove Perth WA 6163	01/06/1970	General Base Site	Not Applicable	01/08/2010	30/06/2012	\$60.00
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

OR

Name (Surname-Christian name)	Address	Date Of Birth	Non Specified Site	Address Of Building Project	Period Of Contributions		Rate Of Contribution Per Week
e.g. John Smith	1123 Metal Grove Perth WA 6163	01/06/1970	Swan Building	Mounts Bay Rd, Perth	01/08/2010	30/06/2012	\$60.00
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$

(IF THERE IS INSUFFICIENT SPACE AVAILABLE, PLEASE ATTACH A SEPARATE LIST OF ADDITIONAL EMPLOYEES)