



WA CONSTRUCTION INDUSTRY REDUNDANCY (NO. 2) FUND

WA Construction Industry Redundancy Fund Limited ACN 009 404 273
as trustee for WA Construction Industry Redundancy (No. 2) Fund.

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P O Box 432, West Perth, WA, 6872

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EMPLOYEE APPLICATION FORM

I.....
(Surname) (Christian Names)

of.....
(Address) - **DO NOT USE POST OFFICE BOX ADDRESS**

I hereby apply to the Fund to become a Member "Participating Employee" and agree to be bound by the trusts, 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 have, in return for a copy fee, been provided with a reproduction of the present provisions of the Trust Deed and Fund Regulations.

Particulars to be completed:

Name of Participating Employer:.....

Address of Participating Employer:.....

Participating Employer's telephone number:.....

Participating Employer's facsimile number:.....

Date you became a Participating Employee with your present Participating Employer:.....

Relevant Building Industry Award:.....

Your WACIRF membership number (if previously issued):.....

Your Date of Birth:..... Your telephone number (if available):.....

Your nominated dependant in the event of death:.....
(Surname) (Christian Name)

* Signature of employee:.....

Signature of witness:.....

Name of Witness (please print):.....

Date...../...../.....

* **NOTE: WE WILL BE UNABLE TO PROCESS THIS FORM UNLESS ALL SECTIONS ARE COMPLETED. PLEASE ENSURE THAT THE FORM IS SIGNED BY YOU AND YOUR SIGNATURE WITNESSED.**