



WA CONSTRUCTION INDUSTRY REDUNDANCY (Nº2) FUND
WA Construction Industry Redundancy Fund Limited as trustee for
WA Construction Industry Redundancy (No 2) Fund ABN 80 337 100 395
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

EMPLOYEE APPLICATION FORM

I
(Surname) (First Names)

of
(Address) - DO NOT USE POST OFFICE 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:

Occupation/Trade:

Your WACIRF membership number (if previously issued):

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

Email:Your mobile number (if available):.....

Your nominated dependent in the event of death:.....
(Surname) (First 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.