

# WA CONSTRUCTION INDUSTRY REDUNDANCY (NO. 2) FUND



WA Construction Industry Redundancy Fund Limited  
as trustee for WA Construction Industry Redundancy (No. 2) Fund.  
A.B.N. 80 337 100 395

P O Box 432, WEST PERTH, WA, 6872  
Telephone: (08) 9481 0259 Facsimile: (08) 9321 1441 Email: wacirf@wacirf.com.au

## CONTRIBUTION AGREEMENT (No. 2) FUND

I/We.....  
(Name)

Of.....  
(Business Address)

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

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

Type of Trade/Industry Activity 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 9<sup>th</sup> March 2004. I/We hereby apply to be a "Participating Employer" Member of the Fund and agree to be bound by the trust, the 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.

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

**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)

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

Director/Secretary.....  
(Signature)

Please provide us with your:

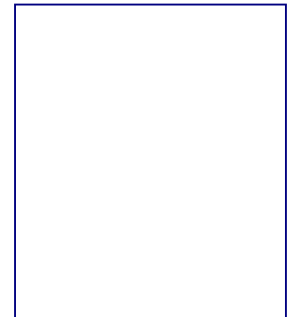
Telephone No.....

Mobile No.....

Facsimile No.....

E-mail.....

Name of a contact person.....



AFFIX SEAL HERE

**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 names)	Address	Date Of Birth	Non Specified Site	Address Of Building Project	Period Of Contributions		Rate Of Contribution Per Week
					From	To	
<i>e.g. SMITH JOHN</i>	<i>1123 METAL GROVE PERTH WA 6233</i>	<i>01/01/70</i>	<i>GENERAL BASE SITE</i>	<i>NOT APPLICABLE</i>	<i>01/08/02</i>	<i>30/6/06</i>	<i>\$60.00</i>
							\$
							\$
							\$
							\$
							\$
							\$
							\$

**OR**

Name (Surname-Christian names)	Address	Date Of Birth	Name Of Specified Building Project	Address Of Specified Building Project	Period Of Contributions		Rate Of Contribution Per Week
					From	To	
<i>e.g. BLOGGS JOE</i>	<i>1 LOVE STREET ASHFIELD WA 6888</i>	<i>12/12/69</i>	<i>SWAN BUILDING</i>	<i>MOUNTS BAY ROAD PERTH</i>	<i>1/9/2000</i>	<i>1/5/2/02</i>	<i>\$ 60.00</i>
							\$
							\$
							\$
							\$
							\$
							\$
							\$

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