



EMPLOYER REGISTRATION FORM

**Please ensure all fields marked with an asterisk are completed*

***Do you currently have any employees? Yes or No please tick**
If Yes or you have EVER had employees the Employee Registration Form is to be completed in conjunction with this form

BUSINESS DETAILS

*Date Business Commenced Operation	/ /	ACN	
		*ABN	

*Business Type: – Please Tick: Individual Partnership Trust Company

*Business Name	
Trading Name	
*Type of Business - <i>i.e. Builders, Plasterers</i>	

BUSINESS CONTACT DETAILS

*Email Address – *TasBuild's Preferred way of corresponding*

*Telephone		Facsimile	
Mobile		Website	

*Street Address		
	*Post Code	

Postal Address		
<i>– If different to street address</i>	Post Code	

CONTACT PERSON *-in relation to submission of employer returns and employee detail*

*Title <i>- i.e. Ms, Mrs, Mr</i>		*Surname	
*Given Name		Position Title	

DIRECTORS

Surname		Given Names	
Surname		Given Names	
Surname		Given Names	

SIGNATURE (Authorised Officer) **DATE**