

EMPLOYER REGISTRATION FORM

*For the Employer to complete in conjunction with the Employee Registration Form
Attach together with the Employee Registration Form and return to the address below*

BUSINESS DETAILS

Date Business
Commenced Operation

ACN

and ABN

Business Name

Trading Name

Type of Business (i.e. Builders, Plasterers)

Telephone

Mobile

Email

Facsimile

Website

Street Address

Postcode

Postal Address

Postcode

CONTACT PERSON (In relation to submission of employer returns and employee details)

Title (i.e. Ms, Mrs, Mr)

Surname

Given Name

Position Title

DIRECTORS

Surname

Given Names

Surname

Given Names

Surname

Given Names

.....
SIGNATURE (Authorised Officer)

.....
DATE