

EMPLOYER APPLICATION FOR MEMBERSHIP



Please complete in pen using **BLOCK** letters. Print "X" to mark boxes where applicable.
Form must be completed in full.



Please complete the details and sign the reverse of this form if you wish to become a member of Construction Income Protection Limited.

TO CONSTRUCTION INCOME PROTECTION LTD.

Application is hereby made to become a B Class Member of Construction Income Protection Limited (the Company).

I / We hereby agree to be bound by the Constitution and By Laws of the Company and to make insurance contributions to the Insurer in respect of each insured Worker, at the rate to be determined by the Directors of the Company in accordance with the terms of the Constitution from time to time.

EMPLOYER DETAILS

Full employer name (Company name, sole proprietor or partnership)

ABN

Trading name

Registered business address

Suburb

State

Postcode

PO Box address

Suburb

State

Postcode

What day does your next pay period end? (please indicate 'X')

Mon

Tue

Wed

Thur

Fri

Who will be participating in CIPQ?

On-site workers

Administration supervisory management staff

CONTACT DETAILS

Contact name 1

Given name

Title

Mr

Ms

Miss

Mrs

Surname

Street address

Suburb

State

Postcode

Telephone

Mobile

Facsimile

Email address

Contact name 2 (if applicable)

Given name

Title

Mr

Ms

Miss

Mrs

Surname

Street address

Suburb

State

Postcode

Telephone

Mobile

Facsimile

Email address



Please sign the reverse of this form.

Please complete the reverse side of this form →

Please return this completed form to:

CIPQ, PO Box 805, SPRING HILL QLD 4004
Level 1, 35 Astor Tce, SPRING HILL QLD 4004
Tel: 1300 261 114 | Fax: 07 3832 3799 | Web: www.cipq.com.au

Office use only
Request approved by

Signature

Date

/ /



Complete only the section appropriate to your business structure.

AUTHORISATION

COMPANY – to execute here

Name (Director)

Signature

Affix Company Seal (if applicable)

Name (Director/Company/Secretary)

Signature

SOLE PROPRIETOR – to sign here

Name

Signature

In the presence of (Witness name)

Signature

PARTNERSHIP – to sign here

Partner's Name

Signature

Witness name

Signature

Partner's Name

Signature

Witness name

Signature

Partner's Name

Signature

Witness name

Signature

- In accordance with clause 3.1 of the Constitution, I / we appoint (severally) the Company to be my agent:
- (i) to give notices required by Laws 2 and 3 to the Administrator
 - (ii) to receive from me and pay or deliver to the Insurer my Insurance Contribution
 - (iii) to select a reputable insurance company carrying on business in Australia as the insurer, and
 - (iv) to agree adjustment to Benefit in accordance with By Law 4.

- I / We must pay:
- (i) my Insurance Contributions as and when required by the Insurer, and
 - (ii) to the Company on account of costs incurred in administering or supervising the recovery of any late payment of Insurance Contributions, an amount equal to the sum of any outstanding Insurance Contribution multiplied by the interest rate per annum from time to time prescribed by the Board for the period from the due date for payment of the Insurance Contribution until the Insurance Contribution is received by the Insurer.

This deed is to take effect from

Date

Signed by the employer on

Date

at in the State of



If you require assistance please call CIPQ Administration on 1300 261 114.



Or email us at enquiries@cipq.com.au