ACT LONG SERVICE LEAVE AUTHORITY

Employer Registration Application Form

SECTION 1 – SELECT LONG SERVICE LEAVE SCHEME

☒ COMMUNITY SECTOR ☐ CLEANING ☐ CONSTRUCTION

SECTION 2 – EMPLOYER'S DETAILS

Employer's Business Name_____

Other Trading Names_____

Street Address_____

_____Post Code_____

Postal Address_____

_____Post Code_____

Telephone_____Mobile_____Facsimile_____

E-mail Address_____

SECTION 2 – NAME OF PERSON THE AUTHORITY CAN CONTACT FOR ENQUIRIES

Name_____Position_____

Mobile_____Fax_____Telephone_____

SECTION 3 – TYPE OF BUSINESS (PLEASE TICK ONE BOX)

☐ Ltd or Pty Ltd Company ACN_____ABN_____

Registered Office Address_____

_____Post Code_____

☐ Partnership Full Names of all Partners_____

_____ABN_____

☐ Sole Trader Full Name_____

_____ABN_____

☐ Non-profit/Charity ☐ Other Business Details_____

Full Name_____

_____ABN_____

SECTION 4 – PREVIOUS REGISTRATION DETAILS

Have you previously been registered in the ACT scheme?

☐ Yes Registration No _____Date you resumed work in the ACT_____ / _____ / ____

☒ No Date you first employed workers performing relevant work in the ACT 01/ 08 /2010

SECTION 5 – DECLARATION

☐ I declare the information provided to be true and correct to the best of my knowledge.

☐ For **Construction and Cleaning Schemes** only, I declare that only workers involved in construction and cleaning activities in the ACT will be included on my Returns to the Authority.

Signature _____ Date _____ / _____ / _____

Print Name _____ Position _____

PLEASE ENSURE ALL RELEVANT SECTIONS OF THE APPLICATION FORM ARE COMPLETE

OFFICE USE ONLY

Code

Registration No

____ / _____ / ____
Correspondence Sent

Application Approved

REPLY PAID 234
CIVIC SQUARE ACT 2608

NATIONAL ASSOCIATIONS CENTRE
UNIT 8/71 CONSTITUTION AVE CAMPBELL ACT 2612

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