



# EMPLOYER REGISTRATION FORM TasBuild Limited



ABN 83 584 623 406

*Proudly Serving Workers and Employers in the Construction Industry*

*\*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	<input type="text" value="/"/>	ACN	<input type="text"/>
		*ABN	<input type="text"/>

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

\*Business Name

Trading Name

\*Type of Business - *i.e. Builders, Plasterers*

### **BUSINESS CONTACT DETAILS**

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

*Telephone	<input type="text"/>	Facsimile	<input type="text"/>
Mobile	<input type="text"/>	Website	<input type="text"/>

\*Street Address

<input type="text"/>	*Post Code	<input type="text"/>
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Postal Address

<input type="text"/>	Post Code	<input type="text"/>
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*– If different to street address*

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

*Title <i>- i.e. Ms, Mrs, Mr</i>	<input type="text"/>	*Surname	<input type="text"/>
*Given Name	<input type="text"/>	Position Title	<input type="text"/>

### **DIRECTORS**

Surname	<input type="text"/>	Given Names	<input type="text"/>
Surname	<input type="text"/>	Given Names	<input type="text"/>
Surname	<input type="text"/>	Given Names	<input type="text"/>

**SIGNATURE (Authorised Officer) .....** **DATE .....**