



## 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 within "Relevant Employment"?**  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="/"/>	<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 Details

*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/TRUSTEE/S

Surname	<input type="text"/>	Given Names	<input type="text"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/>
	<input type="text"/>	Mobile Number:	<input type="text"/>
Suburb	<input type="text"/>	Email address	<input type="text"/>
Postcode	<input type="text"/>	Position Title	<input type="text"/>

**DIRECTORS/TRUSTEE/S (continued)**

Surname		Given Names	
Address		Date of Birth	
		Mobile Number:	
Suburb		Email address	
Postcode		Position Title	

Surname		Given Names	
Address		Date of Birth	
		Mobile Number:	
Suburb		Email address	
Postcode		Position Title	

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

<b>Office Use:</b>	
Employer Number: _____	Notes: _____
Primary Business Type : _____	_____
ANZSIC Code: _____	_____
Staff Member: _____	_____
Date: _____	_____