

EMPLOYER REGISTRATION FORM

Please ensure all fields marked with an asterisk are completed.

***Do you currently have any employees in Relevant Employment?** YES NO

If yes or you have ever had employees in "Relevant Employment", an Employee Registration Form will need to be completed in conjunction with this.

Employer Details:	
Business Name: *	
Trading Name:	
Entity Type: * <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Company	
ABN: *	ACN:
Registration Details:	
Date Business Commenced Operation: * / /	Number of Workers: *
Business Activity: *	
Description of Work Performed: *	
Street Address: *	Postcode: *
Postal Address:	Postcode:
Business Phone:	Website/Socials Page:
Primary Contact Person:	
Title: *	First Name: * Surname: *
Email Address: *	
Mobile Number: *	Phone Number:
Position Title: *	

Directors/Trustee/s:		
Title:	First Name:	Surname:
Email Address:		
Postal Address:		Post Code:
Mobile Number:	Position Title:	
Directors/Trustee/s:		
Title:	First Name:	Surname:
Email Address:		
Postal Address:		Post Code:
Mobile Number:	Position Title:	
Directors/Trustee/s:		
Title:	First Name:	Surname:
Email Address:		
Postal Address:		Post Code:
Mobile Number:	Position Title:	

Name (Authorised Officer)

Signature

Date