

Employer Application Form

To the Trustee, CONNECT, established by Deed dated 18th December 1985 which, as amended from time to time, is herein called the Trust Deed. The employer hereby makes application to become a participating employer in CONNECT in accordance with the Trust Deed.

The participating employer covenants:

- To be bound by the terms and condition of the Trust Deed and the Rules of CONNECT (as amended from time to time).
- To pay employer award and Superannuation Guarantee contributions, employer additional contributions and member voluntary contributions as agreed between the member and the employer, to CONNECT, on a monthly basis not later than the 14th of the following month.

Please complete this form in clear print, using a black pen.

Employer Details

This Application is made on the of 20

Commencement Date of Contributions

Registered Name

Company Sole trader Partnership

Trading Name

ABN

Registered Address

Street Number / PO Box Street Name

City State Postcode

Contact telephone (include area code)

Correspondence Address

Street Number / PO Box Street Name

City State Postcode

Contact telephone (include area code)

Name of Contact Person

Contact telephone (include area code) Fax Number

Email

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