

# CIPL Application for Membership



Please return this completed form to:

Email: enquiries@bert.com.au | Fax: 07 3832 3799 | Post: CIPL, PO Box 805, SPRING HILL QLD 4004

Office: Level 1, 35 Astor Terrace, SPRING HILL QLD 4000

**PLEASE COMPLETE THE DETAILS IN FULL AND SIGN THE FORM OR YOUR APPLICATION MAY BE REJECTED.**

Application is hereby made to become a B Class Member of Construction Income Protection Limited (CIPL - the Company).

I / We hereby agree to be bound by the Constitution & By Laws of the Company and to make insurance contributions to the Insurer in respect of each insured Worker, at the rate to be determined by the Directors of the Company in accordance with the terms of the Constitution from time to time.

## EMPLOYER DETAILS

Employer Name (Company Name, sole proprietor or partnership)

Trading Name  ABN

Registered Street Address

Suburb  State  Postcode

Postal address (Write 'AS ABOVE' if same as Street address)

Suburb  State  Postcode

What day does your pay period end?  Mon  Tues  Wed  Thur  Fri  Sat  Sun

## CONTACT DETAILS (e.g Pay Office)

### Contact 1

Surname

Given name   Mr  Mrs  Miss  Ms

Telephone Work  Mobile

Email address

### Contact 2 (if applicable)

Surname

Given name   Mr  Mrs  Miss  Ms

Telephone Work  Mobile

Email address

## AUTHORISATION

### COMPANY / SOLE PROPRIETOR / PARTNERSHIP

Name

Title (Director/Company Secretary)

Signature

In the presence of (Witness Name)

Signature

In accordance with clause 3.1 of the Constitution, I / We appoint (severally) the Company to be my agent:

- (i) to give notices required by Laws 2 & 3 to the Administrator;
- (ii) to receive from me & pay or deliver to the Insurer my Insurance Contribution;
- (iii) to select a reputable insurance company carrying on business in Australia as the insurer; and
- (iv) to agree to adjustment to benefits in accordance with By Law 4

I / We must pay:

- (i) my Insurance contributions as and when required by the Insurer; and
- (ii) to the company on account of costs incurred in the administering or supervising the recovery of any late payment of Insurance Contributions multiplied by the interest rate per annum from time to time prescribed by the Board for the period from the due date for payment of the Insurance Contribution until the Insurance Contribution is received by the Insurer

This deed is to take effect from

Date

This deed is made on (date signed)

Date



If you require assistance please call CIPL on 1300 261 114.



Or email us at enquiries@cipq.com.au

### Office use only

Entered By (Initial)  Date  Employer Number

Date Effective: June 2019