

Employee Membership Application Form

Personal Details

CIRT ID _____ (Office Use only)

Title: Mr/Mrs/Miss/Ms Given Names: _____ Surname: _____

Date of Birth: ____ / ____ / ____

Home Address: _____

State: _____ Post Code: _____

Postal Address: _____

State: _____ Post Code: _____

Email address: _____

Mobile Phone: _____ Other Phone: _____

Employment Details

Employer: _____ Date Joined: ____ / ____ / ____

Occupation: _____ Union Number: _____ Energy Super Number: _____

Preferred Beneficiary (If multiple beneficiaries required, complete employee beneficiary nomination form)

Mr/Mrs/Miss/Ms: _____

Address: _____

State: _____ Post Code: _____

Relationship: _____

CIRT will collect your personal information for the "primary purpose" of establishing and maintaining your redundancy account. We may at times collect information directly from your employer. CIRT will not misuse or change your information without your knowledge. If you would like to see CIRT's Privacy Policy, visit our Web site at www.cirt.com.au

Member's Signature: _____ Date: _____

Witness Name: _____ Witness Address: _____
(Witness must be 18 years of age or older)

Witness Signature: _____ Date: _____

TRUSTEE: CIRT (QLD) Pty Ltd A.C.N. 011 050 329
Administered by: Malcolm V. Leeke & Co.

PLEASE COMPLETE FORM AND SEND TO CIRT C/- MALCOLM V. LEEKE & CO. at
Post: PO BOX 42 Everton Park QLD 4053 or Email: enquiries@cirt.com.au