

PERSONAL DETAILS

Title: Mr/Mrs/Miss/Ms

Given Names: Surname:

Date of Birth:

Home Address:

Suburb: State: Post Code:

Postal Address:

Suburb: State: Post Code:

Email Address:

Phone Number:

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

Given Names: Surname:

Home Address:

Suburb: 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 Website at www.cirt.com.au

Signature: Date:

Witness Name:

Witness Address:

(Witness must be 18 years of age or older)

Witness Signature: Date:

Please email completed form to enquiries@cirt.com.au