

DEED OF ADHERENCE



Please complete in pen using **BLOCK** letters. Print "X" to mark boxes where applicable.

ALL DETAILS MUST BE COMPLETED OR YOUR DEED WILL BE REJECTED.



Please complete the details in full.

THIS DEED is made the day of 20 (Date signed)

EMPLOYER DETAILS

Full employer name (Company name, sole proprietor or partnership)

ABN

Trading name

Registered business address

Suburb

State

Postcode

PO Box address

Suburb

State

Postcode

What day does your next pay period end? (please indicate 'X')

Mon Tue Wed Thur Fri

CONTACT DETAILS (e.g. Pay office)

Contact name 1

Given name

Title

Mr Ms Miss Mrs

Surname

Street address

Suburb

State

Postcode

Telephone

Mobile

Facsimile

Email address

Contact name 2 (if applicable)

Given name

Title

Mr Ms Miss Mrs

Surname

Street address

Suburb

State

Postcode

Telephone

Mobile

Facsimile

Email address



Please sign the reverse of this form.

Please complete the reverse side of this form →

Please return this completed form to:



BERT Administration, PO Box 805, SPRING HILL QLD 4004
Level 1, 35 Astor Tce, SPRING HILL QLD 4004
Tel: 1300 261 114 | Fax: 07 3832 3799 | Web: www.bert.com.au

Office use only

Request approved by

Signature

Date



Complete only the section appropriate to your business structure.

IN WITNESS WHEREOF this deed has been executed the day and year first hereinbefore written.

AUTHORISATION

COMPANY – to execute here

Name (Director)

Signature

Name (Director/Company/Secretary)

Signature

Affix Company Seal (if applicable)

SOLE PROPRIETOR – to sign here

Name

Signature

In the presence of (Witness name)

Signature

PARTNERSHIP – to sign here

Partner's Name

Signature

Witness name

Signature

Partner's Name

Signature

Witness name

Signature

Partner's Name

Signature

Witness name

Signature

(hereinafter called "the employer") is the one part and Building Employees Welfare Trust ABN 91 064 281 353 a company incorporated in the state of Queensland, having its registered office at Level 1, 35 Astor Terrace, Spring Hill Queensland in the said state (hereinafter called "the Trustee") of the other part.

WHEREAS the Trustee is the trustee of the Building Employees Welfare Trust ("the Trust") under the Deed which governs the Trust ("the Trust Deed") and the Employer desires to become an Employer within the meaning of the Trust Deed.

This deed is to take effect from

Signed by the employer on

at

in the State of

"The Employer covenants with effect from

_____ day of _____ 20_____

that it is bound by the Trust Deed as an Employer within the meaning of the Trust Deed and that it will observe and perform all obligations imposed upon it in that capacity and will pay in respect of each employer who is a member of the Trustee contributions at the rate from time to time stipulated by the Trustee in accordance with the terms of the Trust Deed."

The Participating Employer agrees to advise employees that they will disclose to the Trust personal information necessary to administer their membership of the Trust.

Date

Date



If you require assistance please call BERT Administration on **1300 261 114**.



Or email us at enquiries@bert.com.au