

INACTIVE/CEASE FORM REQUEST



Please complete in pen using **BLOCK** letters. Print "X" to mark boxes where applicable. Form must be completed in full.



Complete this request to become inactive or cease membership of BERT, BEWT or CIPQ.

EMPLOYER DETAILS

Employer Number

BERT

BEWT

CIPQ

Company/business name

Contact name

Position in company/business

Telephone

Mobile

Please mark (X) the appropriate box:

Inactive – this means you have no employees eligible for BERT / BEWT / CIPQ

We wish to be made inactive for the following:

3 months

Ceased – this means your company no longer operates in the Building and Construction Industry.

Please provide the date that this is to take effect from (i.e. the final payment date for any eligible employees)

Date

All contributions must be paid up to date.

If Company/Business is in Liquidation or a Receiver/Manager has been appointed please supply details:

Name

Address

Suburb

State

Postcode

Telephone

Mobile



Please sign here.

SIGNATURE

Sign here

Date

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 www.cipq.com.au

Office use only

Request approved by

Signature

Date