

CIPL Application for Membership



Please return this completed form to:

Email: enquiries@bert.com.au | SMS: 0428 483 324 | 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

In the presence of
(Witness Name)

Title

(Director/Company Secretary)

Signature

Signature

X

X

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: July 2022