

Company / Business Name: _____

Incolink Employer Member No: _____

Has the Company/Business ceased to trade? Yes No

If yes, effective date: / /

This is to confirm that the above has not worked on a commercial construction site since: / / .

We request that our account be made inactive as of / / .

If you have ended the employment of your workers, please update this on EmployerLink. You can do this via the Incolink website at employerlink.incolink.org.au

Signature: _____

Signed by (please print name): _____

Position: _____

PLEASE NOTE:

This form must be signed by an **authorised Director** of the business as previously advised to Incolink.