



We request that our account be made inactive as of		usiness Name:
If yes, effective date: / / / / / / / / /	Incolink Empl	oyer Member No:
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:	Has the Comp	pany/Business ceased to trade? Yes No
Signature: Signed by (please print name): PLEASE NOTE:	If yes, effectiv	e date:
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This form must be signed by an authorised Director of the business as previously advised to Incolink.	PLEASE NOT	E:
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