

Incolink – The Redundancy Payment Central Fund  
1 Pelham Street  
CARLTON VIC 3053

## INACTIVATION REQUEST FORM

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](http://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.