

PLUMBING & PIPE TRADES ENTITLEMENT FUND LTD (**PPTEF**) ATF Plumbing and Pipe Trades Entitlement Fund (**Fund**)

Please note, irrespective of the legal status (company, partnership, sole trader or otherwise) of your business if you are not employing workers then you are not eligible for membership.

Legal Name of Company/Business: _____
(Includes companies, partnerships, sole traders, etc)

Trading Name: _____

Postal Address: _____

_____ Postcode: _____

Street Address: _____

_____ Postcode: _____

Telephone Number: () _____ Fax Number: () _____

Mobile Number: _____

E-mail Address: _____

Type of Work Conducted by the Employer: _____

Start Date on Site: ____ / ____ / ____

Have you or your company Directors or Partners been a Director, Partner, Sole Trader, Sole Proprietor or Working Sub-Contractor of any other company, partnership or business which at any time has been or continues to be a member of the Fund?

YES* NO

*If yes, please provide full details, including the relevant registration number(s) below:

Please note, if you are a company you must provide full details (name, address and contact number) of all company directors and secretaries in the Additional Information section and in EmployerLink.

Industrial Instrument (Industrial Agreement, EBAs, Award) and Workers Included

Specify the name of your current Industrial Instrument:

If you are planning on signing to a new Industrial Instrument specify anticipated date of signing here: _____ / _____ / 202__

Specify the date of commencement of your Industrial Instrument: _____

Please specify the number of workers covered by your Industrial Instrument: _____

Please note, if you have more than one Industrial Instrument you must list them all including the number of workers under each. Once your account is set up you will also be able to add your workers onto PPTF's (powered by Incolink) system via our EmployerLink web portal.

Required Contributions

The Employer hereby agrees to make the following contributions:

Redundancy

Other, please specify: _____

(collectively **Contribution Requirement**)

Please read the terms and conditions of the Deed of Adherence. By making the selection(s) above you will become a member of the selected Contribution Requirement's own governing document (for example, constitution and by-laws, relevant fund trust deed). You must pay the higher of the rates set out under your Industrial Instrument or the relevant governing document.

Signature of Employer: _____ Dated: _____ / _____ / _____

(In the case of the company to be signed by Director/Company Secretary of the Company)

Full Name of Signatory (Please Print): _____

Signature of Witness: _____ Full Name of Witness: _____

Address of Witness: _____ Postcode: _____

Please complete this section to include Authorised Officers to sign on the behalf of your company.

(This will allow the authorised officer to approve termination and claims of your workers, sign separation certificates, pay invoices and make changes to your details. The Authorised Officer will also have access to our EmployerLink Portal. You must also nominate an Authorised Officer as a Super User to allow the Super User to regularly manage your account with us via EmployerLink).

Company Name: _____

Authorised Officer(s):

Super User	
Name: _____	Name: _____
Position: _____	Position: _____
Direct Line: _____	Direct Line: _____
Email: _____	Email: _____

Name: _____	Name: _____
Position: _____	Position: _____
Direct Line: _____	Direct Line: _____
Email: _____	Email: _____

Additional Information

Name of Company/Sole Trader/Partnership: _____

Name of Trading Trust: _____

Name of Trustee: _____

ACN Number: _____ ABN Number: _____ Date of Incorporation: ____/____/____

Directors of Company/Sole Trader/Partners

- 1.** Name: _____ Date of Birth: ____/____/____

Address: _____ Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____ DIN (if applicable): _____
- 2.** Name: _____ Date of Birth: ____/____/____

Address: _____ Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____ DIN (if applicable): _____
- 3.** Name: _____ Date of Birth: ____/____/____

Address: _____ Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____ DIN (if applicable): _____

DEED OF ADHERENCE

The Employer hereby applies for membership of the Fund and agree to be bound by the terms and conditions of the Fund's Trust Deed including any relevant governing documents in respect of the Contribution Requirements nominated (copies of which are available via PPTEF's website).

The Employer hereby acknowledges and agrees that if its application for membership is accepted then:

1. Membership will take effect from the date of this application or such other date as may be notified by PPTEF.
2. It will be bound by the terms of the Fund's Trust Deed including any relevant governing documents in respect of the Contribution Requirements nominated and that it must make all contributions selected under "Required Contributions" to PPTEF in accordance with the terms of this Application for Membership and Deed of Adherence, the Fund's Trust Deed including any relevant governing documents in respect of the Contribution Requirements nominated, as directed by PPTEF from time to time and the applicable Industrial Instruments in respect of:
 - a. All workers whose names and details are registered with PPTEF by the Employer or in other applications to PPTEF under the Fund's Trust Deed including any relevant governing documents in respect of the Contribution Requirements nominated; and/or
 - b. Such other workers as may be advised to the Fund from time to time.
3. It will make the Required Contributions in a timely manner and at a rate being the higher of that determined by PPTEF or the relevant Industrial Instrument that the Employer is a party to. Where the Employer is making the Required Contributions in the absence of such Industrial Instrument, the Employer agrees and accepts that this Application for Membership and Deed of Adherence is fully binding and in respect of the Required Contributions.

The Employer hereby authorises PPTEF to offset any amounts due to the Employer against any outstanding contributions.

The Employer also warrants that the information set out in this Application for Membership and Deed of Adherence is true and correct and complete.

The Employer further acknowledges and agrees:

1. That the workers named in such applications will be treated as working on a project in the building and construction industry, for the purposes of the Fund's Trust Deed including any relevant governing documents in respect of the Contribution Requirements nominated.
2. To the extent permitted by law provide to PPTEF all information requested by it, including without limitation details about its workers.
3. To, at all times keep PPTEF fully informed of its worker's employment status and entitlements statutory or otherwise (including without limitation sick leave entitlement, commencement date, termination date, ordinary time pay, the relevant Contribution Requirements and rate) and to always provide to PPTEF any such information concerning its worker's employment as PPTEF may from time to time require by notice in writing to the Employer. The Employer will be responsible for any errors or omissions and will fully indemnify PPTEF for any errors or omissions.
4. Where it is a trustee, to be bound both personally and in its capacity as a trustee.
 1. To be bound by PPTEF's privacy policy (a copy of which is available via PPTEF's website).
 2. That without diminution of the Employer or its worker's rights and where practical to do so PPTEF may transfer the Employer including its workers across to a similar fund nominated by PPTEF.

Signature of Employer: _____	Dated: ____ / ____ / ____
(In the case of the company to be signed by Director/Company Secretary of the Company)	
Full Name of Signatory (Please Print): _____	
Signature of Witness: _____	Full Name of Witness: _____
Address of Witness: _____	Postcode: _____