



**Contracting Industry
Redundancy Trust**

CIRT DEED OF ADHERENCE

Please complete this form using **black** pen and print in
BLOCK letters.

ABN 49 011 050 329
East Tower, Level 1 410 Ann Street
Brisbane QLD 4000
GPO Box 701 Brisbane QLD 4001
P 1300 200 123
W www.cirt.com.au
E enquiries@cirt.com.au

THIS DEED is made on the day of year

TO BE COMPLETED BY COMPANY

BETWEEN

a Company the registered office of which is situated
at in
(State or Territory)

Australian Business Number (ABN):

TO BE COMPLETED BY SOLE PROPRIETOR

a Sole Proprietor
(Given Names and Surname)
of in
(State or Territory)

Trading under the name of
at
(State or Territory)

TO BE COMPLETED BY SOLE PARTNERS

(Given Names and Surname)
of and

(Given Names and Surname)
of and

(Given Names and Surname)
of and all in
 being partner in a partnership trading under the name
of
at in

of the one part and CIRT (QLD) Pty Ltd ABN 49 011 050 329 a company incorporated in the State of Queensland having its registered office at **East Tower Level 1, 410 Ann St, Brisbane Qld 4000**, in the said State ("the Trustee") of the other part.

WHEREAS the Trustee is the trustee of the CIRT "the Scheme" under the deed which governs the Scheme ("the Trust Deed") and the Employer desires to become an Employer within the meaning of the Trust Deed.

NOW THIS DEED WITNESSES that with effect from the day of year

The Employer acknowledged itself to be bound by the Trust Deed as an Employer within the remaining of the Trust Deed and covenants to pay all stamp duty payable in respect of this deed.

IN WITNESS WHEREOF this deed has been executed the day and year first hereinbefore written.

COMPANY TO EXECUTE HERE

THE COMMON SEAL OF

-

was hereunto affixed in the presence of:

- Signature:
(Director's Name as Signed)
- Signature:
(Secretary's Name as Signed)

SOLE PROPRIETOR TO EXECUTE HERE

SIGNED SEALED AND DELIVERED by the said

- Signature:
(Given Names and Surname)

in the presence of:

- Signature:
(Witness Name as Signed)

SIGNED SEALED AND DELIVERED by the Partners hereinbefore referred to in the presence of

<input type="text"/> <i>(Name of Partner)</i>	<input type="text"/> <i>(Signature)</i>	<input type="text"/> <i>(Name of Witness)</i>	<input type="text"/> <i>(Signature)</i>
<input type="text"/> <i>(Name of Partner)</i>	<input type="text"/> <i>(Signature)</i>	<input type="text"/> <i>(Name of Witness)</i>	<input type="text"/> <i>(Signature)</i>
<input type="text"/> <i>(Name of Partner)</i>	<input type="text"/> <i>(Signature)</i>	<input type="text"/> <i>(Name of Witness)</i>	<input type="text"/> <i>(Signature)</i>
<input type="text"/> <i>(Name of Partner)</i>	<input type="text"/> <i>(Signature)</i>	<input type="text"/> <i>(Name of Witness)</i>	<input type="text"/> <i>(Signature)</i>

CONTACT DETAILS (e.g. Pay Office)

Title: Mr/Mrs/Miss/Ms

Given Names: Surname:

Address:

Suburb: State: Postcode:

Email Address:

Phone Number:

Please email completed form to enquiries@cirt.com.au