

Office Use Only	
Employer #	

SCHEDULE 1

EMPLOYER APPLICATION

To: The Trustee
SEET Benefit Trust

In accordance with section 11.1 of the SEET Benefit Trust Deed, I the undersigned employer make application for employer membership of the SEET Benefit Fund, and accordingly:

- Agree to bound by the provisions of the SEET Benefit Trust Deed; and
- Will make contributions and provide statements regarding employee entitlements arising out of industrial agreements, in accordance with clause 7 of the SEET Benefit Trust Deed, in respect of employees admitted as Members of the SEET Benefit Fund.

Name and Title of Employer Authorised Signatory:					
Name of Business:					
ABN / ACN:					
Address:					
Suburb:		State:		Postcode:	
Phone Number:					
Fax Number:					
Name of Employer's SEET Contact:					
email address:					

Signed: _____

Date: _____

DD / MM / YYYY

Please return completed form to address below or via email to mail@seet.com.au.