

1. EMPLOYER DETAILSBusiness Name (The Employer) ABN (if Applicable) If ABN not available, please provide ACN Address (street number and street) Suburb/Town State Postcode Postal Address (if different from above) Suburb/Town State Postcode 1st Contact Person (Please tick (✓) appropriate box) Mr Mrs Miss MsGiven Name Surname Job Title Contact Phone Fax Mobile 2nd Contact Person (Please tick (✓) appropriate box) Mr Mrs Miss MsGiven Name Surname Job Title Contact Phone Fax Mobile Employer email address **2. ADMINISTRATION DETAILS**

To assist us to ensure efficient implementation of your membership and administration of your super, please complete the following details:

Date contributions will commence Day Month YearI will be paying contributions Monthly Quarterly

Please tick whichever best describes the area of work in which most of your employees are involved

Logging Milling Timber Retail Timber Wholesale Pulp & Paper Furnishing Retail Furnishing Wholesale Joinery Other Would you like a First Super coordinator to visit your workplace? YESIf required how many First Super Member Booklets with application forms would you like sent to you?

If you only have 1 employee with First Super please supply the following:

Name Member No. Start Date With Company Day Month Year

When completed please send this form to First Super, PO Box 666, Carlton South, VIC 3053

t: 1300 360 988 f: 1300 362 899 e: mail@firstsuper.com.au