



Construction Industry Long Service Leave Board
2nd Floor, 191 Fullarton Road, Dulwich SA 5065
Telephone (08) 8332 6111 Facsimile (08) 8333 4314 Toll Free 1800 182 124 (SA Country areas only)
Email enquiries@cbserv.com.au Internet www.cbserv.com.au

EMPLOYER REGISTRATION APPLICATION

EMPLOYER NAME <input type="text"/>	
NAMES OF PARTNERS OR DIRECTORS	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TRADE NAME (IF ANY) <input type="text"/>	ABN <input type="text"/>
EMPLOYER POSTAL ADDRESS <input type="text"/>	POSTCODE <input type="text"/>
EMPLOYER STREET ADDRESS <input type="text"/>	POSTCODE <input type="text"/>
REGISTERED ADDRESS OF COMPANY <input type="text"/>	POSTCODE <input type="text"/>

CONTACT PERSON FOR ENQUIRIES <input type="text"/>	POSITION WITH EMPLOYER <input type="text"/>	
TELEPHONE <input type="text"/>	FACSIMILE <input type="text"/>	MOBILE <input type="text"/>
EMAIL ADDRESS (CASE SENSITIVE) <input type="text"/>		
DO YOU WANT TO LODGE YOUR EMPLOYER RETURN ON THE INTERNET? (YES/NO) <input type="checkbox"/> If YES, we will contact you to arrange a username and password		
DESCRIBE THE TYPE OF WORK PERFORMED BY THE EMPLOYER <input type="text"/>		

HAVE YOU PREVIOUSLY BEEN REGISTERED AS AN EMPLOYER IN THE SOUTH AUSTRALIAN SCHEME? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, WHAT WAS YOUR REGISTRATION NUMBER <input type="text"/>
WHAT DATE DID YOU EITHER FIRST EMPLOY WORKERS IN SOUTH AUSTRALIA OR RESUME EMPLOYING IN SOUTH AUSTRALIA? <input type="text"/>	STATE/TERRITORY <input type="text"/>
IF YOU ARE REGISTERED IN ANOTHER STATE OR TERRITORY, PLEASE INDICATE WHICH ONE AND YOUR REGISTRATION NUMBER	REGISTRATION NUMBER <input type="text"/>

SIGNATURE OF AUTHORISED PERSON <input type="text"/>	PRINT NAME OF PERSON SIGNING <input type="text"/>	DATE <input type="text"/>
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OFFICE USE ONLY	
REGISTRATION NUMBER <input type="text"/>	REGISTRATION DATE <input type="text"/>

WORKER DETAILS

SURNAME		GIVEN NAMES	
ADDRESS		POSTCODE	
TELEPHONE NUMBER	MOBILE PHONE NUMBER	EMAIL	
WORKER NUMBER	DATE OF BIRTH	START DATE	CEASE DATE
TYPE OF WORK PERFORMED & TRADE			

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WORKER NUMBER	DATE OF BIRTH	START DATE	CEASE DATE
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