



## Bookmakers Superannuation Fund Employer Application (Form BSF2)

EMPLOYER NAME: \_\_\_\_\_

ABN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FACSIMILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### ACKNOWLEDGEMENTS

1. We have read the PDS dated 1 July 2008 to which this application is attached, and hereby apply to become a participating employer in the fund, and agree to be bound by the provisions of the trust deed and the rules governing the fund and this PDS, both as amended from time to time.
2. We will provide the trustee with any information relating to our participation in the fund as and when requested, or upon any change to information previously advised.
3. We agree to the collection, use and disclosure of information by the trustee in accordance with the privacy statement and information in this PDS.
4. We shall contribute to the fund on a basis agreed with the trustee to the extent permitted by legislation.
5. The trustee is authorised to accept on our behalf the signature of the following authorised persons in respect of our participation:

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATED THIS                      DAY OF                      20





BOOKMAKERS SUPERANNUATION FUND - EMPLOYER APPLICATION (FORM BSF2)

**TO BE SIGNED BY COMPANY APPLICANT:**

Signed for and on behalf of

In accordance with section 127 of the Corporations Act

\_\_\_\_\_  
Director/Secretary

\_\_\_\_\_  
Director

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

**TO BE SIGNED BY SOLE TRADER OR PARTNER/S APPLICANTS:**

Signed by

in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

