DEED OF ADHERENCE



When completing this form, please use black pen and print in CAPITAL letters

This deed is made on the		day of	, ,	/ear
Between: ACIRT PTY LIMITED A.C.N	I. 062 330 170, ATF "ACIR	T" A.B.N. 3177 3602 307	and	
Section A - To be complete	ed by company <i>(cal</i>	led "The Employer	")	
				a company
A.B.N		the registered office	of which is situated at:	
Street Number / PO Box	Street Name			
City			State	Postcode
Section B - To be complete	ed by sole proprieto	ors or partnership (called "The Emplo	oyer"*)
			as	ole proprietor/partnership
Street Number / PO Box	Street Name			ole proprietor/partitioning
City			State	Postcode
Oity			Otate	1 osteode
trading under the name of				
trading under the name of Street Number / PO Box	Street Name			
	Street Name			
	Street Name		State	Postcode
Street Number / PO Box	Street Name		State	Postcode
Street Number / PO Box	Street Name	year		Postcode knowledges that it is bound
Street Number / PO Box City	day of Employer within the mean e options below which d g off-site work); or an:	ing of the Trust Deed in re o not apply)	The Employer ack	knowledges that it is bound
Street Number / PO Box City 1. With effect from	day of	ing of the Trust Deed in re o not apply) on) or e 1 who are employed in the	The Employer ackespect of its Employees	knowledges that it is bound who are from time to time

a. the Minimum Contribution (\$25) for each week of Service for each Employee, until an amount equal to but not less than eight weeks

wages, at ordinary times earnings, has been contributed to each Employee's account by the Employer; or

b. the contribution rate specified in an Industrial Instrument whichever is the greater.

4. In this Deed defined terms have the same meaning as in the Trust Deed.5. All Tasmanian Employers will pay a \$20 stamp duty in respect of this Deed.

Section C - Company to execute h	ere			
The COMMON SEAL of				
was hereunto affixed in the presence of:		e a company seal, then you are	AFIX	
Please complete the applicable section below:	Australian Securities and In Company Statement extract	of a document as supplied by the vestments Commission (ASIC) ie of particulars, which verifies that ned the Deed of Adherence, are in	COMPANY SEAL	
Please print director's name		Signature		
Please print director, secretary's name		Signature		
Section D - Sole Director / Secreta	ry to execute here			
Please print name of sole director / sole secretar	Signature			
Section E - Sole Proprietor to exec	cute here			
SIGNED, SEALED AND DELIVERED by the said		Cianatura		
Please print given names and surname of sole p	roprietoi	Signature		
In the presence of				
Please print given names and surname of witness	SS	Signature		
Section F - Partners to execute he	re			
SIGNED, SEALED AND DELIVERED by the par Partner Signature	tners referred to above in the pre			
Partier Signature		Witness Signature		
	Miles are Oliver to use			
Partner Signature		Witness Signature		
Partner Signature		Witness Signature		
Partner Signature		Witness Signature		
Partner Signature Section G - Contact Details (eg. "7")	The Pay Office)	Witness Signature		
S	The Pay Office)	Witness Signature		
Section G - Contact Details (eg. "7	The Pay Office)	Witness Signature		
Section G - Contact Details (eg. "7	The Pay Office)		siness hours (AM/PM)	
Section G - Contact Details (eg. "7" Contact Name	The Pay Office)		siness hours (AM/PM)	
Section G - Contact Details (eg. "7" Contact Name			siness hours (AM/PM)	
Section G - Contact Details (eg. "7" Contact Name Position held in company			siness hours (AM/PM)	
Section G - Contact Details (eg. "7" Contact Name Position held in company			siness hours (AM/PM) Postcode	
Section G - Contact Details (eg. "7 Contact Name Position held in company Street Number / PO Box Street I		Bus		
Section G - Contact Details (eg. "7 Contact Name Position held in company Street Number / PO Box Street I		Bus		
Section G - Contact Details (eg. "7 Contact Name Position held in company Street Number / PO Box Street I	Name	Bus		
Section G - Contact Details (eg. "7 Contact Name Position held in company Street Number / PO Box Street I	Name	Bus		
Section G - Contact Details (eg. "7 Contact Name Position held in company Street Number / PO Box Street I City Phone number	Name Fax number	Bus		

ACIRT Administration Locked Bag 5040, Parramatta NSW 2124
Freecall 1800 060 467 Fax 1300 655 119
Email acirtadmin@aas.com.au