



## SELF EMPLOYED APPLICATION

Construction Income Protection Limited ABN 43 110 841 962

### SELF EMPLOYED APPLICANT

NAME (COMPANY NAME, SOLE PROPRIETOR OR PARTNERSHIP)

DATE OF BIRTH

ABN

CURRENT OCCUPATION

PREVIOUS CIPQ MEMBER?

YES

NO

BUSINESS / RESIDENTIAL ADDRESS (STREET)

(SUBURB / TOWN)

(STATE)

(POSTCODE)

TITLE FIRST NAME

SURNAME

POSTAL ADDRESS (STREET)

(SUBURB / TOWN)

(STATE)

(POSTCODE)

TELEPHONE

MOBILE

FACSIMILE

EMAIL ADDRESS

PRODUCT DISCLOSURE STATEMENT RECEIVED

FINANCIAL SERVICES GUIDE RECEIVED

**PLEASE COMPLETE REVERSE SIDE OF FORM**

CONSTRUCTION INCOME PROTECTION LIMITED ABN 43 110 841 962

PLEASE RETURN TO JANICE MORAN, LEVEL 1, 35 ASTOR TERRACE, SPRING HILL QLD 4004  
PO BOX 329 SPRING HILL QLD 4004 / P: 1300 261 114 / M: 0448 709 553 / W: www.cipq.com.au



## TO CONSTRUCTION INCOME PROTECTION LTD.

Application is hereby made to become a B Class Member of Construction Income Protection Limited (the Company). I/We hereby agree to be bound by the Constitution and By Laws of the Company and to make Insurance Contributions to the Insurer at a rate to be determined by the Directors of the Company in accordance with the terms of the Constitution from time to time.

In accordance with clause 3.1 of the Constitution I/We appoint (severally) the Company to be my agent:

- (i) to give notices required by Laws 2 and 3 to the Administrator;
- (ii) to receive from me and pay or deliver to the Insurer my Insurance Contribution;
- (iii) to select a reputable insurance company carrying on business in Australia as the Insurer; and
- (iv) to agree adjustment to Benefits in accordance with By Law 4.

I/We must pay:

- (i) my Insurance Contributions as and when required by the Insurer; and
- (ii) to the Company, on account of costs incurred in administering or supervising the recovery of any late payment of Insurance Contributions, an amount equal to the sum of any outstanding Insurance Contribution multiplied by the interest rate per annum from time to time prescribed by the Board for the period from the due date for payment of the Insurance Contribution until the Insurance Contribution is received by the Insurer.

This application is to take effect from: \_\_\_/\_\_\_/\_\_\_.

### COMPLETE ONLY THE SECTION BELOW APPROPRIATE TO YOUR BUSINESS STRUCTURE

<b>COMPANY</b>		<i>TO EXECUTE HERE</i>
NAME ( <i>DIRECTOR</i> )	NAME ( <i>DIRECTOR/COMPANY SECRETARY</i> )	
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	
SIGNATURE	SIGNATURE	
<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>	
AFFIX COMPANY SEAL ( <i>IF APPLICABLE</i> )		

<b>SOLE PROPRIETOR</b>		<i>TO SIGN HERE</i>
NAME	<i>IN THE PRESENCE OF (WITNESS NAME).</i>	
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	
SIGNATURE	SIGNATURE	
<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>	

<b>PARTNERSHIP</b>				<i>TO SIGN HERE</i>
PARTNER'S NAME	<input style="width: 95%; height: 20px;" type="text"/>	WITNESS NAME	<input style="width: 95%; height: 20px;" type="text"/>	
SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	
PARTNER'S NAME	<input style="width: 95%; height: 20px;" type="text"/>	WITNESS NAME	<input style="width: 95%; height: 20px;" type="text"/>	
SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	
PARTNER'S NAME	<input style="width: 95%; height: 20px;" type="text"/>	WITNESS NAME	<input style="width: 95%; height: 20px;" type="text"/>	
SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	
PARTNER'S NAME	<input style="width: 95%; height: 20px;" type="text"/>	WITNESS NAME	<input style="width: 95%; height: 20px;" type="text"/>	
SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	SIGNATURE	<input style="width: 95%; height: 40px;" type="text"/>	