



REQUEST TO INVESTIGATE UNREGISTERED SERVICE

Units 32 - 33, 12 Charlton Court, Woolner NT 0820

PO Box 36644, Winnellie NT 0821

Telephone 1300 795 855 Fax (08) 89239318 Email info@ntbuild.com.au Internet www.ntbuild.com.au

WORKER NO.	NAME
<input type="text"/>	<input type="text"/>

EMPLOYER NAME 1		
<input type="text"/>		
TRADE NAME (IF ANY)	ABN	
<input type="text"/>	<input type="text"/>	
EMPLOYER POSTAL ADDRESS	POSTCODE	
<input type="text"/>	<input type="text"/>	
EMPLOYER STREET ADDRESS	POSTCODE	
<input type="text"/>	<input type="text"/>	
CONTACT PERSON FOR ENQUIRIES	POSITION WITH EMPLOYER	
<input type="text"/>	<input type="text"/>	
TELEPHONE	FACSIMILE	MOBILE
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS (CASE SENSITIVE)		
<input type="text"/>		
PERIOD OF EMPLOYMENT IN THE NORTHERN TERRITORY CONSTRUCTION INDUSTRY		HOW MANY DAYS PER WEEK DID YOU WORK
FROM	TO	<input type="text"/>
DESCRIBE THE TYPE OF WORK YOU DID		
<input type="text"/>		
WERE YOU: AN EMPLOYEE <input type="checkbox"/> A LABOUR ONLY SUBCONTRACTOR <input type="checkbox"/>		

EMPLOYER NAME 2		
<input type="text"/>		
TRADE NAME (IF ANY)	ABN	
<input type="text"/>	<input type="text"/>	
EMPLOYER POSTAL ADDRESS	POSTCODE	
<input type="text"/>	<input type="text"/>	
EMPLOYER STREET ADDRESS	POSTCODE	
<input type="text"/>	<input type="text"/>	
CONTACT PERSON FOR ENQUIRIES	POSITION WITH EMPLOYER	
<input type="text"/>	<input type="text"/>	
TELEPHONE	FACSIMILE	MOBILE
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS (CASE SENSITIVE)		
<input type="text"/>		
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<input type="text"/>		
WERE YOU: AN EMPLOYEE <input type="checkbox"/> A LABOUR ONLY SUBCONTRACTOR <input type="checkbox"/>		

I declare the details on this form are true and correct and I have attached documentary evidence to support my claim, (ie PAYG summaries, taxation records).		
SIGNATURE OF AUTHORISED PERSON	PRINT NAME OF PERSON SIGNING	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>