



EMPLOYER INFORMATION FORM

For employers who have 'eligible employees' as defined in the *Coal Mining Industry (Long Service Leave) Administration Act 1992*.

EMPLOYER DETAILS

Company name (must be legal name)	<input type="text"/>		
Trading name (if different to above)	<input type="text"/>	ACN	<input type="text"/>
Business address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Postal address (if different to the business address)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Telephone	<input type="text"/>	Website	<input type="text"/>
Tick the most relevant description:	<input type="checkbox"/> Producer	<input type="checkbox"/> Labour hire	<input type="checkbox"/> Contractor
Number of eligible employees	<input type="text"/>	ASIC registration attached (tick to confirm)	

EMPLOYER ACTIVITY

What was the first date you began to, or will be, employ(ing) eligible employees?

Entity not currently trading

Bank details are not required when the entity is currently not trading and does not anticipate claiming any reimbursements.

Entity currently trading

Please provide the business account details in line with the following accepted formats.

Business account name
e.g. ABC Mining Maintenance Pty Ltd

Financial institution

BSB

Account number

As confirmation, please provide a copy of **one** of the following:

Top of bank statement

3rd party confirmation letter

Internet banking screen print

Confirmation letter on company letterhead

Bank details attached (tick to confirm)

Under Section 10 of the *Coal Mining Industry (Long Service Leave) Payroll Levy Collection Act 1992*, annual audit reports must be lodged within 6 months of the end of the financial year (EOFY). What is your EOFY month (e.g. June)?



EMPLOYER INFORMATION FORM (*Continued*)

Authorised representative(s) are those who can interact with Coal LSL for operational processes. Please provide their contact details below.

AUTHORISED EMPLOYER REPRESENTATIVES

Primary authorised contact – full name	<input type="text"/>		
Position	<input type="text"/>		
Email	<input type="text"/>	Phone number	<input type="text"/>
Secondary authorised contact – full name	<input type="text"/>		
Position	<input type="text"/>		
Email	<input type="text"/>	Phone number	<input type="text"/>
Additional authorised contact – full name	<input type="text"/>		
Position	<input type="text"/>		
Email	<input type="text"/>	Phone number	<input type="text"/>

DECLARATION

To the best of my knowledge, **I declare** that the information and documentation provided in this form are true and correct and are not misleading by way of any inclusion or omission. I am aware that Coal LSL is a Commonwealth entity and that it is an offence under the *Criminal Code Act 1995* to knowingly make a false or misleading statement in an application/statement made to a Commonwealth entity.

Please liaise directly with the nominated primary authorised contact for ongoing matters.

Director or Public Officer – full name	<input type="text"/>		
Position	<input type="text"/>		
Signature		Date	<input type="text"/>

Submit the completed form to Coal LSL by email: engage@coallsl.com.au

We will send you an email confirmation when we receive your form.
Please contact us if you do not receive a confirmation email within 7 business days.