

FORM 2

Matter No. IRC _____ of _____

NOTIFICATION OF CONTRACTS

**Pursuant to clause 31 of the Clothing Trades (State) Award
(and in accordance with s 129B of the Industrial Relations Act 1996, if applicable)**

Note: Applicants using this form acknowledge their requirement to maintain records in accordance with Clause 31.3.3 (ii) of the Award or Clause 32.2.13 of the Award. The Clothing Trades (State) Award can be obtained at www.industrialrelations.nsw.gov.au or by telephoning 131 628.

Name of applicant: _____

Trading Name: _____

ABN/ACN: _____

Address: _____

Contact Person: _____ Email: _____

Telephone: _____ Fax: _____

Hereby notifies you that it has contracts with the following persons:

(Please note: P.O. Boxes will not be accepted as addresses. You must also place a tick in the appropriate "contractor" or "outworker" box on the left for each person with whom you contract.)

Contractor	Outworker	Name	Address	Phone	Date of Contract
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	___/___/___

(Please attach additional particulars, if insufficient space has been provided)

Signed: _____
(Name of Employer) (PLEASE PRINT)

(Signature of Employer)

Date of Notification: _____