

Form F24B – Application for termination of an enterprise agreement after the nominal expiry date

Fair Work Act 2009, s.225; Fair Work Commission Rules 2013, rule 26 and Schedule 1

This is an application to the Fair Work Commission for termination of an enterprise agreement under Part 2-4 of the Fair Work Act 2009.

The Applicant



These are the details of the employer, employee or employee organisation that is making the application.

Legal name of Applicant

TEMPERATE WHOLESALERS PTY LTD

Applicant's ACN (if a company)

91 234 713 019

Applicant's trading name or registered business name (if applicable)

AS ABOVE

Applicant's ABN (if applicable)

Contact person

KAZARINA GARIGOUS

Postal address

PO Box 119,

Suburb

GAY THORNE

State or territory

QLD

Postcode

4000

Phone number

07-9123 4568

Fax number

07-91234569

Email address

Kgarigous@anjakservices.com.au

What is the Applicant?

- An employer covered by the agreement
- An employee organisation (union) covered by the agreement
- An employee covered by the agreement

Does the Applicant have a representative?



A representative is a person or organisation who is representing the Applicant. There is no requirement to have a representative.

- Yes – Provide representative's details below
- No

Applicant's representative

These are the details of the person or organisation who is representing the Applicant (if any).

Name of person

Firm, organisation or company

Postal address

Suburb

State or territory

Postcode

Phone number

Fax number

Email address

Is the representative a lawyer or paid agent?

Yes

No

1. The agreement

1.1 What kind of agreement is the enterprise agreement that is proposed to be terminated?

A single enterprise agreement

A multi-enterprise agreement

1.2 What is the name of the agreement?



Write the name exactly as it appears in the title clause of the agreement and include the Agreement ID/Code Number if known.

~~ANLIARK SERVICES WAREHOUSES~~

ANLIARK SERVICES ADMINISTRATION AND TECHNOLOGY AGREEMENT
OF 200X

1.3 What is the nominal expiry date of the agreement and the number of the clause that specifies that date?

Nominal expiry date

31 DECEMBER 202X

Clause number

6.4

2. The employer(s)

2.1 How many employers are covered by the agreement?

Number of employers

ONE

2.2 What is the industry of the employer or employers covered by the agreement?

ANLIARK SERVICES

2.3 Is the Applicant the employer or one of the employers covered by the agreement?

- Yes – Provide the details of any other employers covered by the agreement below.
- No – Provide the details of all employers covered by the agreement below.

Legal name of employer

Employer’s ACN (if a company)

Employer’s trading name or registered business name (if applicable)

Employer’s ABN

Contact person

Postal address

Suburb

State or territory

Phone number

Email address

Postcode

Fax number



Use same data as initial page

Attach additional pages if necessary

2.4 Are any of the employers identified in question 2.3 covered by the agreement as the result of a transfer of business?



See ss.310 to 313 of the Fair Work Act 2009 for when the transfer of business from one employer to another means the new employer is covered by an enterprise agreement.

- Yes
- No

If you answered **Yes** – Provide the details below:

3. Employee organisations

3.1 Are there any employee organisations (unions) covered by the agreement?

- Yes
- No

The two unions covered are the Australian Services Union (Qld) and the

If you answered **Yes** – Provide the details of the employee organisation(s) below:

Finance Sector Union (National office)

Name of organisation

Contact person

Fill in this section twice – once for each union. Use their websites to obtain necessary data/information.

Postal address

Suburb

State or territory

Phone number

Email address

Fill in for both unions

Postcode

Fax number

Attach additional pages if necessary

Signature



If you are completing this form electronically and you do not have an electronic signature you can attach, it is sufficient to type your name in the signature field. You must still complete all the fields below.

Signature

Name

Date

Capacity/Position

Fill in for me. I'll sign when presented to my office.



If you are not the Applicant and are completing and signing this form on the Applicant's behalf, include an explanation of your authority to do so in the **Capacity/Position** section above.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS

Use current date.