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Form 34 – Lawyer's notice of address for service

Industrial Relations Act 2016, section 530 Industrial Relations (Tribunals) Rules 2011, rule 126

Information

- Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the rejection of your form.
- This form must be filed and served on all parties to the proceeding if the address for service has not already been notified in another way (eg in another document filed and served) (r 126)

For further information please contact the Industrial Registry on 1300 592 987 or via email at <u>qirc.registry@qirc.qld.gov.au</u>.

Take notice that the applicant respondent appellant has the address for service set out below:

| Particulars of the applicant/appellant | | | | | |
|---|-------------|-------------|---|----------|--|
| Name of applicant/ appellant: | | | | | |
| | | | | | |
| Postal address: | | | | | |
| | Suburb/Town | | - | Postcode | |
| Phone number: | | Fax number: | | | |
| Mobile number: | | | | | |
| Email address: | | | | | |
| Applicant's/Appellant's lawyer's name: | | | | | |
| | | | | | |
| Firm name: | | | | | |
| Postal address: | | | | | |
| | Suburb/Town | | - | Postcode | |
| Phone number: | | Fax number: | | | |
| Mobile number: | | | | | |
| Email address: | | | | | |
| Address for service: | | | | | |

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| Particulars of the respondent | | | | |
|--------------------------------|-------------|-------------|----------|--|
| Name of respondent: | | | | |
| | | | | |
| Postal address: | | | - | |
| | Suburb/Town | II | Postcode | |
| Phone number: | | Fax number: | | |
| Mobile number: | | | | |
| Email address: | | | | |
| Respondent's lawyer's name: | | | | |
| | | | | |
| Firm Name: | | | | |
| Postal address: | | | | |
| | Suburb/Town | | Postcode | |
| Phone number: | | Fax number: | | |
| Mobile number: | | | | |
| Email address: | | | | |
| Address for service: | | | | |

| Signature of lawyer filing notice: | |
|---------------------------------------|--|
| Print name: | |
| | |
| Date: | |

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