

| Matter Numbe | er: | | |
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Form 57 – General Application pursuant to Chapter 12

seal

Industrial Relations Act 2016, sections 527 and 989
Industrial Relations (Tribunals) Rules 2011, rules 201, 213, and 218

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.

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

| Applicant: | |
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| Respondent: | |
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| PLEASE NOTE: If there are mo | re than two parties to this application, please complete a Form 1 – Parties list and file it with this form. |
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Application

This is an application to the Queensland Industrial Relations Commission, pursuant to

| 1. Applicant | | | |
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| Organisation (if applicable): | | | |
| прриочене, | | | |
| Name of contact person (if applicable): | | | |
| Postal address: | | | |
| | Suburb/Town | | Postcode |
| Phone number: | | Fax number: | |
| Mobile number: | | | |
| Email address: | | | |
| Does the applicant have a | representative? | | |

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No

Yes - provide representative's details below and file a Form 33 or 34

| ame of contact person: | | | | | |
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| ostal address: | | | | | |
| | Suburb/Town | Suburb/Town | | | Postcode |
| none number: | | | Fax number: | | |
| obile number: | | | | | |
| nail address: | | | | | |
| Object of application | 1: tion and which sections of | the Act annly – evo | amnles: registra | tion of organisa | ation amendment of |
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| les, change of name o | ot organisation) unaer (sei | LIONISTOLLNE ACL) 3 | | | |
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| | of organisation) under (sed I please attach a schedule | | | on that will be | |
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| 4. Decision sought: | |
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| | nt in consecutively numbered paragraphs. Where the decision is under a rule or a particular |
| | e rule number or the Act and section relied on). 3000 character limit. (Note: If more than 3000 |
| characters are required ple | ease attach a schedule) |
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| 5. Signature of applicant o | r representative |
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| Signature: | |
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| Name: | |
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| Position: | |

Date: