



NUMBER:

Form 50 – Notice of intention to terminate certified agreement or arbitration determination

Version 2

Take notice that

<input type="checkbox"/>	I a party	<input type="checkbox"/>	we the parties	<input type="checkbox"/>	a valid majority of the employees bound by the agreement
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give notice of the intention to terminate the certified agreement/arbitration determination pursuant to s228(2) of the *Industrial Relations Act 2016*.

Details of certified agreement or arbitration determination

Name of certified agreement/arbitration determination	
Matter Number	
Date of making	
Expiry Date	

Signature of employer representative	
Name	
Title of office held	
Date	

Signature of witness	
Name	
Title of office held	
Date	

Signature of employee organisation	
Name	
Title of office held	
Date	

Signature of witness	
Name	
Title of office held	
Date	

Signature of representative for valid majority of employees	
Name	
Title of office held	
Date	

Signature of witness	
Name	
Title of office held	
Date	

Particulars of the employer:

Organisation	
Name of contact person	
Postal address	
Suburb/Town	
Postcode	
Phone Number	
Fax Number	
Email address	

If the employer has an agent:

Organisation	
Name of contact person	
Postal address	
Suburb/Town	
Postcode	
Phone Number	
Fax Number	
Email address	

Particulars of the other party/parties:

Organisation	
Name of contact person	
Postal address	
Suburb/Town	
Postcode	
Phone Number	
Fax Number	
Email address	