

Form 62 Version 1	<p style="text-align: center;">Notice of withdrawal from application/s under chapter 12</p> <p style="text-align: center;">Industrial Relations Act 2016, section 989 &amp; Industrial Relations Regulation 2011, section 68.</p> <p style="text-align: center;"><i>(This form to be used to give notice of withdrawal of applications made under regulations, 54(1), 62(1), 63(1), 64(1), 65(2), 66(2) or 67)</i></p>	R.214
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QUEENSLAND INDUSTRIAL RELATIONS COMMISSION

Industrial Relations Act 2016, section 989 & regulation section 68

(Matter No.        /20        /        )

**NOTICE OF WITHDRAWAL FROM APPLICATION BY**

*(name of applicant)*

**FOR [A COMMUNITY OF INTEREST DECLARATION] [AN AMALGAMATION BALLOT] [A WITHDRAWAL BALLOT] [AN EXEMPTION FROM HOLDING AN AMALGAMATION BALLOT – NUMBER OF MEMBERS] [AN EXEMPTION FROM HOLDING AN AMALGAMATION BALLOT - RECOGNISING FEDERAL BALLOT] [WITHDRAWAL BALLOT EXEMPTION – RECOGNISING A FEDERAL BALLOT] [AMALGAMATION BALLOT THAT IS NOT A POSTAL BALLOT] [A WITHDRAWAL BALLOT THAT IS NOT A POSTAL BALLOT]**

TO: The Industrial Registrar, Industrial Registry, Level 21, Central Plaza 2, 66 Eagle Street, (Corner Creek and Elizabeth Streets), Brisbane 4000, GPO Box 373, Brisbane Q 4001  
Phone: (07) 3227 8060 Fax: (07) 3221 6074

AND TO: All other parties

*(name and address of other parties if applicable)*

**TAKE NOTICE** that

*(name of [party] [parties] giving notice)* of *(address)*

hereby [jointly] withdraw the application for

*(name of application being withdrawn)*

filed as case no.        of        on the  
*(no of matter)*        *(year)*        *(day, month and year).*

The statement required under section 68 of the *Industrial Relations Regulations 2011* is attachment A .

Signed by:

*(Signature of authorised officer of party, applicant or representative constituent member)*

*(title, office, position or other description)*

for:

*(name of party, applicant, constituent member)*

[and]

[Signed by:

*(Signature of authorised officer of party, applicant or representative constituent member)*

*(title, office, position or other description)*

for:

*(name of party, applicant, constituent member) ]*

Witness:

*(Signature)*

*(title, office position or other description)*

Witness:

*(Signature)*

*(title, office position or other description)*

**Attachment A**

[The management committee of \_\_\_\_\_  
(name of party's or applicant's organisation, association etc)  
passed a resolution on \_\_\_\_\_, a copy of which is attached and marked with the letter  
(day, month and year)  
B, approving the withdrawal of the application].

(or: if the party or applicant has no management committee)

[The applicant, \_\_\_\_\_ passed a resolution on \_\_\_\_\_,  
(name of applicant) (day, month and year)  
a copy of which is attached and marked with the letter B, approving the withdrawal of the application].

I, \_\_\_\_\_  
(name of authorised officer of party, applicant or representative constituent member)  
of \_\_\_\_\_  
(address)  
being [the] [an] \_\_\_\_\_ of the \_\_\_\_\_  
(title, position or other description) (name of party, parties, applicant etc)  
[swear] [affirm] that the facts set out above are true and correct to the best of my knowledge, information  
and belief.

(Signature of authorised officer of party, applicant or representative constituent member)  
Deponent

[**SWORN**][**AFFIRMED**] by the deponent at \_\_\_\_\_ on \_\_\_\_\_  
(place) (day, month and year)  
before me

(Signature)

(print name)

[Justice of the peace][commissioner for declarations][lawyer] (or other)

End note: The statement must be signed by an authorised officer of the party or applicant or the representative constituent member, see regulation, section 68(7).

PARTICULARS OF THE APPLICANT OR PARTY GIVING NOTICE *(the following information must be provided)*

Name:

Position, title, office: *(if applicable)*

Organisation, association: *(if applicable)*

Business address:

**Applicant's/ Party giving notice's address for service:**

Applicant's/ Party giving notice's phone or contact phone number:

Applicant's/ Party giving notice's fax number: *(if any)*

Applicant's/ Party giving notice's e-mail address: *(if any)*

Applicant's/ Party giving notice's contact person:

PARTICULARS OF OTHER [PARTY] [PARTIES] *(the following information must be provided, if applicable)*

Name:

Position, title, office: *(if applicable)*

Organisation, association: *(if applicable)*

Business address:

**Other party's address for service:**

Other party's phone number or contact phone number:

Other party's fax number: *(if any)*

Other party's e-mail address: *(if any)*