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

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 <u>Fair Work Act 2009</u>.

The Applicant

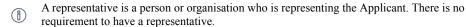
These are the details of the employer, employee or employee organisation that is making the application.

Legal name of Applicant	Justin Gusset		
Applicant's ACN (if a company)			
Applicant's trading name or registered business name (if applicable)			
Applicant's ABN (if applicable)			
Contact person	Josh Cullinan (Secretary of Bargaining Representative) / Grace Morgan-Cocks (National Legal Officer of Bargaining Representative)		
Postal address	PO Box 334		
Suburb	Clifton Hill		
State or territory	Vic	Postcode	3068
Phone number	0416 241 763	Fax number	
Email address	jcullinan@raffwu.org.au / gmorgancocks@raffwu.org.au		

What is the Applicant?

- $\hfill\Box$ An employer covered by the agreement
- ☐ An employee organisation (union) covered by the agreement

Does the Applicant have a representative?



□ No

Applicant's representative

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

Name of person	Josh Cullinan (Secretary of Bargaining Representative) / Grace Morgan-Cocks (National Legal Officer of Bargaining Representative)
Firm, organisation or company	Retail and Fast Food Workers Union Incorporated (RAFFWU) (the Bargaining Representative of the Applicant)

Postal	address	PO Box 334	PO Box 334		
Suburb	•	Clifton Hill	Clifton Hill		
State of	r territory	Vic	Postcode	3068	
Phone	number	0416 241 763	Fax number		
Email a	address	jcullinan@raffwu.org.a	jcullinan@raffwu.org.au/gmorgancocks@raffwu.org.au		
Is the representative a lawyer or paid agent?					
	Yes				
\boxtimes	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.

Apple Retail Enterprise Agreement 2014 - AE408483

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

Nominal expiry date	7 July 2018
Clause number	1.5

2. The employer(s)

2.1 How many employers are covered by the agreement?

Number of employers 1

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

Retail

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

- $\hfill \Box$ 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	Apple Pty Ltd
Employer's ACN (if a company)	002 510 054
Employer's trading name or registered business name (if applicable)	Apple Pty Ltd
Employer's ABN	46 002 510 054
Contact person	Bernard Ryan

Postal address	PO Box A2629	
Suburb	Sydney South	
State or territory	NSW Postcode 1235	
Phone number	+65 9179 4101 Fax number	
Email address	bernard_ryan@apple.com	

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?

i	another means the new employer is covered by an enterprise agreement.
□ Yes	
⊠ No	
If you a	nswered Yes – Provide the details below:

3. Employee organisations

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

⊠ No

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

Name of organisation	
Contact person	
Postal address	
Suburb	
State or territory	Postcode
Phone number	Fax number
Email address	

Attach additional pages if necessary

Capacity/Position Genius

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 23/12/22

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

Fair Work Commission Approved Forms – approved with effect from 22 February 2021

1/5