

FAIR WORK COMMISSION


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

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[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 [Fair Work Act 2009](#).

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?


- An employer covered by the agreement
 An employee organisation (union) covered by the agreement
 An employee covered by the agreement

Does the Applicant have a representative?

-  A representative is a person or organisation who is representing the Applicant. There is no requirement to have a representative.

- Yes – Provide representative's details below
 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		
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		

Is the representative a lawyer or paid agent?

- Yes
 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?


- 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?

 See ss.310 to 313 of the [Fair Work Act 2009](#) for when the transfer of business from one employer to another means the new employer is covered by an enterprise agreement.

- Yes
- No

If you answered **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

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 *J Gusset*
Name Justin Gusset
Date 23/12/22
Capacity/Position Genius

If you are not the Applicant and are completing and signing this form on the Applicant's

① 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