Form F53 Notice of representative commencing to act

Fair Work Act 2009, s.596 and Fair Work Commission Rules 2003, Rules 11 and 12

This is a notice to the Fair Work Commission that a lawyer or paid agent is commencing to act in a matter in accordance with the <u>Fair Work Act 2009</u>.

The represented party

Title	[] Mr [] Mrs [] N	[] Mr [] Mrs [] Ms [] Other please specify:				
First name(s)						
Surname						
Postal address	27 Murray Crescent	27 Murray Crescent				
Suburb	Griffith	Griffith				
State or territory	ACT	Postcode	2603			
Phone number	02 6273 4007	Fax number				
Email address						

If the represented party is a company or organisation please also provide the following details

Legal name of business	Australian Hotels Association		
Trading name of business	Australian Hotels Association		
ABN/ACN	ABN 78 756 030 961		
Contact person	Sean Morrissey		

The party's representative

Name of person	Luis Izzo				
Organisation	Australian Business Lawyers & Advisors				
Contact person	Kyle Scott				
Postal address	Locked Bag 938				
Suburb	North Sydney				
State or territory	NSW	Postcode	2059		
Phone number	02 9458 7640	Fax number	02 9954 5029		
Email address	luis.izzo@ablawyers.com.au / kyle.scott@ablawyers.com.au				

The other party

Title	[] Mr [] Mrs [] Ms [] Other please specify:				
First name(s)					
Surname					
Postal address					
Suburb					
State or territory				Postcode	
Phone number				Fax number	
Email address					

If the other party is an organisation please also provide the following details

Legal name of organisation	
Trading name of organisation	
ABN/ACN	
Contact person	

1. Details of the matter

1.1 What is the name and matter number of the matter before the Commission?

AM2016/30 - Alpine Resorts Award 2010			

1.2 Which party are you commencing to act for in the matter before the Commission?

- [x] Applicant
- [] Respondent
- [] Other

Provide details of the party if it is not the applicant or respondent.

Signature

Signature	Zwify
Name	Luis Izzo
Date	25 October 2017
Capacity/Position	Representative for the AHA

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS