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



These are the details of the person who a lawyer or paid agent is commencing to act for in a matter.

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

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

Legal name of business	REGIONAL AVIATION ASSOCIATION OF AUSTRALIA LIMITED
Trading name of business	
ABN/ACN	23 008 586 054
Contact person	

The party's representative



These are the details of the person or organisation that is representing the party in the matter.

Name of person	Benjamin Martin		
Organisation	Norton White Lawyers		
Postal address	Suite 1, Level 4, 66 Hunter Street		
Suburb	Sydney		
State or territory	NSW	Postcode	2000
Phone number	02 9230 9400	Fax number	02 9230 9499
Email address	Ben.Martin@nortony	vhite.com	

The other party



These are the details of the other party in the matter.

Title	[] Mr [] Mrs [] Ms	I Other please sp	ecify.
First name(s)		1 1 1 1 1 1	
Surname			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			
If the other party is an orga	ınisation please also _l	provide the follow	ring details
Legal name of organisation			
Trading name of organisation			
ABN/ACN			
Contact person			
 Details of the matter What is the name and r 	natter number of the r	matter before the	Commission?
4 yearly review – Air Pilots Av AM2018/14	vard 2010 MA000046		
1.2 Which party are you co [] Applicant [] Respondent [X] Other	mmencing to act for i	n the matter befor	re the Commission?
Provide details of the party if it is	not the applicant or resp	ondent.	
Submissions toward the FWC			10

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	Port
Name	B. a. martin
Date	5 December 2018
Capacity/Position	Solicitar



Where this form is not being completed and signed by the Respondent, include the name of the person who is completing the form on their behalf in the **Capacity/Position** section.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS