

Subcontractor Details Form

**Please complete and return to the office with your first invoice.
NO payments will be made until the completed form is returned.**

Surname First Name

Company or Trust Name

Trading Name

Address

..... P/Code Phone No.....

ABN Number..... Blue Card No.....

Are you registered for GST Yes / No

Bank Account Details

Name of Bank Name of Branch

Name account held in

BSB No..... Account No.....

Public Liability Insurance

Name of insurance company.....

Policy Number Expiry Date.....

Please supply Certificate of Currency

Workers Compensation

Name of insurer

Policy No Expiry Date.....

Please supply Certificate of Currency

Accident /Disability Insurance

Name of insurer

Policy No Expiry Date.....

Please supply Certificate of Currency

Superannuation

NOTE: There is **no** Superannuation Guarantee obligation if you are a company, trust or partnership or if you are contracted by us to produce a result.

Name of Fund Policy No

QLeave No