



Subcontractor's Registration Form

Please complete the below form and return to our office along with all relevant Insurances and Licenses.

Business Name: _____

ABN: _____

Type Of Trade: _____

Business Address: _____

Phone/ Mobile: _____

Email: _____

Remittance Email: _____

Contact Name: _____

BSB: _____

Account Number: _____

Account Name: _____

Bank: _____

Are you GST registered: YES or NO

Can you perform out of hour's emergency works: YES or NO

Please circle: SOLE TRADER or PTY LTD

Copies of certificates of currencies for Public Liability and Workers Compensation as well as a generic SWMS (Safe Work Method Statement) are ALL to be sent to our office with registration form.

I confirm that the above information is true and correct.

Name: _____ Signature: _____ Date: _____