

Subcontractor / Supplier Information



This form MUST be completed & returned to Sharp Commercial prior to any works commencing on site

1. COMPANY DETAILS

Entity Type:	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Other:	_____
Registered Name:	_____				
Trading Name:	_____				
<i>(NOTE: If company, list full company name. If Partnership, list partners names. If Sole Trader list individual's name)</i>					
ACN:	_____	ABN	_____		
Postal Address:	_____				
Street Address:	_____				
Trade:	_____	Phone #	_____		
Next of Kin Name:	_____	Mobile #	_____		
Next of Kin Phone:	_____	Fax #	_____		
Email Address:	_____	@	_____		

2. QUALIFICATIONS

Trade Certificates:	_____	White / Blue Card Number:	_____		
Place Of Training:	_____	Years' Experience:	_____	Years	_____
Certificate/s Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	White/Blue Card Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Projects Worked:	_____	Year Complete:	_____	/	/
	_____	Year Complete:	_____	/	/
	_____	Year Complete:	_____	/	/
	_____	Year Complete:	_____	/	/

3. INSURANCE DETAILS

PUBLIC LIABILITY: * You must attach a certificate of currency as proof of cover					
Insurance Company:	_____				
Policy No:	_____	Value:	_____	Expiry Date:	_____/_____/_____
WORKERS COMPENSATION: * You must attach a certificate of currency/WorkCover registration as proof of cover					
Insurance Company:	_____				
Policy No:	_____	Value:	N/A	Expiry Date:	_____/_____/_____
BUSSQ / CIPQ: * You must attach a receipt of payment.					
Member Number:	_____				
Receipt Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Expiry Date:	_____/_____/_____	

Industrial Concrete Coatings Australia Pty Ltd.

33 – 43 Cooneana Court, Tamborine Qld 4270

Phone: 1300 262 846 pat@industrialconcretecoatings.com.au

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4. COMPANY BANK ACCOUNT DETAILS

Account Name: _____	
Bank Name: _____	
BSB Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number: _____
DECLARATION I the undersigned, being an authorised representative of the above organisation, certify the information herein to be correct.	
Signed: _____	Print Name: _____
Position: _____	Date: ____ / ____ / ____

OFFICE USE ONLY

Date Received: _____	Office Manager Approval: _____
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