



Premier Linings

Premier Linings
PO BOX 128 Unley SA 5061
E: info@premierlinings.com.au
ABN 92 261 246 104
BLD 250252
www.premierlinings.com.au

SUBCONTRACTOR DETAILS & ASSESSMENT FORM

Note:

Prior to any work commencing on site or any invoice payment processed, this form along with any supporting documentation required, must be completed and returned to:

accounts@premierlinings.com.au OR **PO BOX 128, Unley, SA 5061**

BUSINESS/COMPANY DETAILS:

Company Details (Legal Entity)

(Note: List full company name. If Partnership, list partners names. If Sole Trader, list individual's name)

Trading Name: *(If different from above)*

Business Structure-Entity Type *(Please indicate)*

Company Partnership Sole Trader Other:

Type of Business Conducted: *(Trade/Services provided)*

A.C.N:

ABN:

Registered for GST

YES/NO *(please circle)*

Postal Address:

Street Address:

Phone No:

Fax No:

Email:

Contact 1:

Mobile No:

Email:

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First Issued:	24/7/18	Last Reviewed:	03/04/2019		
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SOLE TRADER, PARTNERS OR DIRECTOR'S PARTICULARS:						
	Name	Position	Residential Address	Own	Rent	Phone
1						
2						
3						
4						

LICENCE & INSURANCE DETAILS	
Builder's Licence No: <i>(Please attached a copy of Licence if required)</i>	Expiry Date: / /20
Public Liability Insurance Policy No: Name of Insurance Company: <i>*You must attach a certificate of currency as proof of cover</i>	Expiry Date: / /20 Amount of Cover: \$ <i>*Please note all subcontractors require insurance for minimum \$20,000,000</i>
Return to Work registration No: Name of Insurance Company: <i>*Copy of confirmation of registration from Return to Work required)</i>	Expiry Date: / /20

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PROFESSIONAL INDEMNITY INSURANCE	
Insurance Policy No:	Expiry Date: / /20
	Amount of Cover: \$
<i>*You must attach a certificate of currency as proof of cover</i>	<i>*Please note all subcontractors require insurance for \$20,000,000</i>

YOUR BANKING DETAILS-PAYMENTS TO BE PROCESSED VIA EFT	
Name of Account:	Bank:
	Branch:
BSB NO:	ACCOUNT NO:

CONTACT DETAILS	
Email for EFT remittances	
Accounts Contact	

WORK HEALTH & SAFETY
<i>*Please provide a copy of your Work Health & Safety Policy Statement</i>

JSA OR SWMS
<i>*Please provide a copy/example of your JSA or SWMS</i>

POLICE CLEARANCE - *COMPULSORY* FOR EACH MEMBER OF STAFF TO WORK ON-SITE
Some projects for example schools, correctional facilities, military bases require a current police clearance for all personnel who attend the site. If you are to work on any of these sites we will require a copy of a current Police Clearance for any workers.

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PREMIER LININGS CONTACT DETAILS			
Kym Felix	General Manager	0416 022 607	kym@premierlinings.com.au
Keith Felix	Director	0437 799 450	keith@premierlinings.com.au
Jared Repen	Director	0423 516 856	jared@premierlinings.com.au
Postal Address: PO BOX 128, Unley SA 5061			

DECLARATION			
I, the undersigned, being an authorised representative of the above organisation, certify the information herein to be correct.			
Full Name:		Position	
Sign:		Date:	

Please contact Kym Felix (General Manager) on 0416 022 607 for any questions relating to this form.

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