

CONTRACTORS

Name:

Trading Name:

Postal Address:

Ph:

Mobile:

Email address:

Type of Business:

ABN:

GST Registered: Y / N

If you do not have an ABN please complete a Statement by Supplier form and return to our office. Failure to do so may result in KBW being required to withhold 47% from your total payment. This is referred to as Withholding Tax.

PUBLIC LIABILITY INSURANCE **

Insurer:

Policy Number:

Expiry date:

Amount of cover:

****Please forward a copy of your Certificate of Currency with this form & update details with KBW upon renewal****

WORKERS COMPENSATION INSURANCE **

Policy Number:

Expiry Date:

****Please forward a copy of your Workers Compensation with this form & update details with KBW upon renewal****

RELEVANT LICENCE/S **

Type of Licence/s:

Licence No:

Expiry date:

**** This information is to be provided to KBW on policy and licence renewal****

BANK DETAILS

Account Name:

BSB:

Account Number:

Due to the increasing amount of electronic payment scams, you may receive a phone call from KBW to confirm your bank details. If payment is made to an incorrect bank account, a \$15 bank fee will be charged by the bank to return the payment and this will be deducted from KBW's second payment attempt.

PLEASE RETURN COMPLETED REQUEST TO: