

CONTRACTOR APPOINTMENT SCHEDULE

CONTRACTOR DETAILS

Company Name		Trading Name	
Address:			
Phone:	Mobile:	Email	
Contracted for Services of:		ABN:	
Licence Card No.	L/C State of Issue	L/C Expiry	

INSURANCE DETAILS

Insurance	Insurer, Policy Number and Expiry	Date Rec	Initial
Work Cover			
Public Liability			
Professional Indemnity			

BANKING DETAILS

Bank Account Name	BSB & Account Number	Date Rec	Initial

I, the named contractor, hereby confirm that the above details are true and correct and agree to retain all licences and insurances current throughout the performance of my work

Contractor Name

Signature

Date