

Subcontractor Application Form



How were you / Who referred you to ProBuild

Supervisor's Name

Other

Trade Type

Reg/Lic#

State Issued

Business Name

Trading Name

Contact Name

Compulsory Safety Awareness Training Card No.

State Issued

Date Issued (DD/MM/YYYY)

Business Address

City/Suburb

State

Postcode

Postal Address

Work Phone

Work Fax

Mobile

Home Phone

Email

Website

ABN No.

GST Registered

Yes No

ACN No.

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Employers Indemnity / Workers Compensation Insurance (if applicable)

Insurance Company

Policy No.

Expiry Date (DD/MM/YYYY)

Public Liability Insurance (compulsory)

Insurance Company

Policy No.

Bank Details (ProBuild pay directly into your nominated bank account)

BSB No.

Account No.

Account Name

Bank Name

Other Trade Skills

Relevant Building Industry Registrations & Memberships

Type of membership

No.

Expiry Date (DD/MM/YYYY)

Type of membership

No.

Expiry Date (DD/MM/YYYY)

Type of membership

No.

Expiry Date (DD/MM/YYYY)

Builder's Registration No.

State Issued

Date Issued (DD/MM/YYYY)

Asbestos Removal Permit No.

State Issued

Expiry Date (DD/MM/YYYY)

Do you have a Work Place Safety Plan?

Yes No

Date Established (DD/MM/YYYY)

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Sole Proprietor Details (Complete relevant sections)

Police Clearance

State Issued

Date Issued (DD/MM/YYYY)

Working with Children Check

State Issued

Date Issued (DD/MM/YYYY)

Trade Qualification

State Issued

Date Issued (DD/MM/YYYY)

Sole Proprietor Details/Partnership/Director's Details

Sole Proprietor

Partnership

Company

Name

Address

Phone

Office Use Only

Online User Name

Online Password

Authorising Signature

Payment Terms

Subcontractor Rate

Labour \$

Materials \$

Registrations Checked

Lite/Full Inducted

Regions You Will Service

Save Form

Clear Form

Print Form

Submit Form

ProBuild Australia Pty Ltd

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