**SUNSHINE SUGAR CONTRACTOR APPLICATION FORM**

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| **Company Name** |  |
| **Company Numbers:** | **ABN:**  |
| **ACN:** |
| **Address of Registered Office** |  |
| **Postal Address** |  |
| **Contact Person** |  | **Position in Company** |  |
| **Telephone** | Sales |  | Payment |  |
| Fax |  | Mobile |  |
|  |
| **E-mail** | Sales |  | Payment |  |
| **Business Identification**(Sole Trader, Partnership, Limited Liability Company, Other) |  |
| If registered outside New South Wales, please provide State of Incorporation  |  |
| **PAYMENT DETAILS** |
| Account Name |  | Account No. |  |
| Bank |  | BSB |  |
| Payment address |  |
| **Signed:** |  | **Date:** |  |

**Please attach:**

1. Referrals and References
2. Certificate of currency or copy of Workers Compensation and Public liability which clearly states:
	1. The insured’s name;
	2. Any third parties who have an insurable interest e.g. a lessee;
	3. The sum insured or limit of liability;
	4. The period of insurance i.e. commencement to expiry date;
	5. Type of policy, extent of cover and specific exclusions.
3. High Risk Work Licences
4. Registered Plant (as per registered & high risk plant checklist)

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| **Approved by Department Head** |
| Name |  | Signature |  | Date |  |

* Submit a copy of the completed Contractor Application Form to Accounts Payable.
* Submit the completed Contractor Application Form and insurance certificates to the Purchasing Manager to be uploaded in ViisiSafe