

NEW CONTRACTOR DETAILS FORM (ABN)

Company Name: _____

Address: _____

ABN: _____

DETAILS OF NOMINATED PERSON

Name: _____

Address: _____

Contact email address: _____

Date of Birth: _____

Home Phone No: _____ Mobile No: _____

Emergency Contact Person: _____ Relationship: _____ Phone No: _____

BANKING DETAILS

Bank: _____

Branch Name: _____

Branch Address: _____

Account Name: _____

BSB: _____ Account No: _____

As a company contractor you must supply ITCOM with a current **Certificate of Incorporation, Workers Compensation Insurance** certificate, proof of **Public Liability** insurance cover (Minimum \$10 million for any one claim) and proof of carrying **Professional Indemnity** insurance. (Minimum \$5 million for any one claim)
If you do not have these insurances in place, ITCOM will deduct \$0.50 per hour from your invoice fee to cover your company under our insurance policies.

Please deduct \$0.50 per hour from my invoice fee to cover insurances.

Signature of Company Director: _____ Date: _____

I declare the above information can be used by Itcom Australia to carry out its obligations to me with regards to pay, and contact information as part of my contract agreement with ITCOM.

Signature of Company Director: _____ Date: _____