

## Sub-Contractor Business Registration Form

**Section A: Business Information**

**Section B: Directors/Owners Contact**

**Section C: Key Contact**

**Section D: Accounts and Administration**

**Section E: Insurance Information**

**Section F: Personnel Details**

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New Registration

Change of Details

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### Section A: Business Information

Trading Name:

Street Address:

Suburb:

State:

Postcode:

ABN:

Do you have an ACN?

ACN (if applicable):

GST Registered?

Email:

Phone:

#### Company License Type

Contractor License (*e.g., building works*)

Operating License (*e.g., asbestos removal*)

Non-Trade (*e.g., cleaning*)

*Please attach relevant licenses/certification*

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CP-03-001 Subcontractor Registration	1.0	30/01/2025	N/A	Sam Potter

### Section B: Directors/Owners Contact

Name:

Mobile:

Email:

Driver's License Number:

State of issue:

*Please attach copy of Driver's License*

### Section C: Key Contact (day to day operations)

Name:

Mobile:

Email:

Office Phone:

After Hours Phone:

Email for Work Orders:

### Section D: Accounts and Administration Contact

Name:

Accounts Phone:

Email for Remittance:

#### Payment Details

Account Name:

BSB:

Account Number:

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## Section E: Insurance Information

### Required

- Public Liability Insurance (min \$20m)
- Workers Compensation Certificate

### Public Liability Insurance (min \$20m)

Insurance Provider:

Policy Number:

Policy Expiry:

*Please attach documentation*

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### Workers Compensation

Insurance Provider:

Policy Number:

Policy Expiry:

*Please attach documentation*

### Company WHS Documents

SWMS:

JA:

Willing to obtain:

*Please attach documentation*

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## Section F: Personnel Details

*Please details and documentation of licenses, certifications, and accreditations for all relevant personnel including third party contractors.*

### Required Documentation

- Trade License/Certification (if applicable)
- Driver's License/ID
- White Card
- Working with Vulnerable People Card

### Personnel

Name:

Trade/Occupation:

Trade License/Certification (if applicable)

Driver's License/ID

White Card

Working with Vulnerable People Card

Name:

Trade/Occupation:

Trade License/Certification (if applicable)

Driver's License/ID

White Card

Working with Vulnerable People Card

Name:

Trade/Occupation:

Trade License/Certification (if applicable)

Driver's License/ID

White Card

Working with Vulnerable People Card

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Name:

Trade/Occupation:

Trade License/Certification (if applicable)

Driver's License/ID

White Card

Working with Vulnerable People Card

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Name:

Trade/Occupation:

Trade License/Certification (if applicable)

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Name:

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Driver's License/ID

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Name:

Trade/Occupation:

Trade License/Certification (if applicable)

Driver's License/ID

White Card

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Name:

Trade/Occupation:

Trade License/Certification (if applicable)

Driver's License/ID

White Card

Working with Vulnerable People Card

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Name:

Trade/Occupation:

Trade License/Certification (if applicable)

Driver's License/ID

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Name:

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Trade License/Certification (if applicable)

Driver's License/ID

White Card

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Please email completed form and documentation to [info@cpgroupontas.com.au](mailto:info@cpgroupontas.com.au).

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