

Subcontractor/Supplier Registration Form

- All new suppliers and subcontractors must complete this form.
- Please ensure all applicable sections are complete in this form.

Section A: Business Information

Type of supply:

Subcontractor Supplier of goods only Other supplier

Entity Type:

Sole Trader Partnership Company Trust Other

Legal Business Name:

Trading Name (if different from above):

Does the business operate as a trustee of a trust: Yes No

If yes, provide name of trustee:

(If the trustee is a company, please ensure the trustee name matches the ACN)

ABN:

Do you have an ACN? Yes No ACN (if applicable):

Trading Address (P.O. box will not be accepted):

Postal Address (if different from above):

Trade Type:

GST registered: Yes No

Email:

Business Phone:

No. of Directors/ Owners:

No. of Employees:

Are any of your employees apprentices:

Yes No

Are you Supply Nation certified:

Yes No

Are any of your employees of Aboriginal or Torres Straight Islander Origin: Yes No

If yes, No. of Employees:

Section B: Directors/Owners Contact

First Name:

Last Name:

Mobile/Business Phone:

Email:

First Name:

Last Name:

Mobile/Business Phone:

Email:

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Section C: Bank Details

Name of Bank:	<input type="text"/>	Bank Acc name*:	<input type="text"/>
		(*Third party A/C name will not be accepted)	
BSB:	<input type="text"/>	Bank Account No:	<input type="text"/>
Accounts Email:	<input type="text"/>	Accounts phone:	<input type="text"/>

Section D: Licence Information (applicable for subcontractors only)

State:	<input type="text"/>	Issue:	<input type="text"/>
Licence Number:	<input type="text"/>	Expiry:	<input type="text"/>
State:	<input type="text"/>	Issue:	<input type="text"/>
Licence Number:	<input type="text"/>	Expiry:	<input type="text"/>
State:	<input type="text"/>	Issue:	<input type="text"/>
Licence Number:	<input type="text"/>	Expiry:	<input type="text"/>

Section E: Authorisation

This form must be signed by an authorised person of the business (as below):

Director Owner Company Secretary General Manager
 CEO CFO COO Financial Controller Head of Finance

I certify that all details provided on this form are true and correct and authorize all invoices to be paid to the nominated bank account in Section C.

Name:	<input type="text"/>
Signature:	<input type="text"/>
Position:	<input type="text"/>
Date:	<input type="text"/>

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Section F: HammerTech Admin (responsible for safety documentation)

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Mobile/Business Phone:	<input type="text"/>	Email:	<input type="text"/>

Section G: Procore

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>
Job Title:	<input type="text"/>		

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>
Job Title:	<input type="text"/>		

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>
Job Title:	<input type="text"/>		