

**CONTRACTOR DETAIL FORM**

To avoid unnecessary risks – get your potential contractor to fill in the form below before awarding contracts to ensure that his disasters don't become yours.

Name of company:	Trading Name:
Date of commencement of business:	Tel no: Fax no:
Public Liability insurance: Are you insured? YES / NO	Insurance Co: Policy No: Date of Policy: Cover:
Contractors Liability insurance: Are you insured: YES / NO	Insurance Co: Policy No: Date of Policy: Cover:
Employers Liability insurance: Are you insured: YES / NO	Insurance Co: Policy No: Date of Policy:
Comprehensive Motor Vehicle insurance: Are you insured: YES / NO	Insurance Co: Policy No: Date of Policy: Cover:
Workmens Compensation Assurance (WCA): Are you insured: YES / NO	Policy No: Latest WCA assessment: Latest WCA assessment date:
Building Industry Bargaining Council (BIBC): Are you registered: YES / NO	BIBC name: Employer No: Date of Registration: Latest BIBC stamp (contribution)analysis and invoice date: Quantity of employees receiving stamps per the latest BIBC stamp analysis & inv:
Receiver of Revenue: Income Tax Are you registered? YES / NO	Receiver of Revenue office: Reference No: Date of registration:
VAT Are you registered? YES / NO	Receiver of Revenue office: Reference No: Date of registration:
PAYE Are you registered? YES / NO	Receiver of Revenue office: Reference No: Date of registration:
Unemployment Insurance Fund Are you registered? YES / NO	Ref No: Date of registration:
Master Builders Association Are you a member? YES / NO	Name of MBA: How long a member:

Can you give details of at least 10 clients for work done of a similar size or nature during the past year?	YES / NO (Attach details if necessary)
Can you give the details of five suppliers of goods with whom at present you have credit limits?	YES / NO (Attach details if necessary)

Name of signatory \_\_\_\_\_ Position of signatory in co \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_