



**SDii Group**

## CONTRACTOR INFORMATION REQUEST FORM

Name of Contractor Contact : .....

Contact Details : Mobile: ..... Office : ..... Fax : .....

Registered Business Name : .....

Address : .....

Email : .....

ABN : ..... **Copy of ASIC Business Registration Provided :**

(All information provided is to be true and correct in accordance with ABR & ASIC registers)

1. **Trade of business?** .....

2. **Does the business operate through a trust arrangement?** . Yes . No

a. **Name of Trust?** .....

b. **Name of Trustee?** .....

c. **Full name of trading entity?** .....

3. **Ownership Structure :**

**Company Name :** ..... **ACN :** .....

4. **Is the business registered for GST?** . Yes . No

5. **Does this business currently engage other workers?** . Yes . No

(If yes, please complete the following)

a. **Are any of those workers employees?** . Yes . No

b. **Are any of those workers contractors?** . Yes . No

**Account Details :**

**Bank Account in the name of :** .....

**Bank :** .....

**BSB :** ..... **A/C No :** .....

**(PLEASE RETURN COMPLETED FORM TO : [sdii@sdiigroup.com.au](mailto:sdii@sdiigroup.com.au))**