

## Company Registration & Pre-Qualification Checklist (Consultants)

*THIS IS TO BE COMPLETED AND SIGNED OFF BY THE COMPANY'S SENIOR MANAGER*

1.0 Company Details			
<b>Full Company Name:</b>			
<b>Trading Name:</b> <i>(if different to above)</i>			
<b>ABN:</b>		<b>ACN:</b>	
<b>Is your Company Registered for GST?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Postal Address:</b>			
<b>Street Address:</b> <i>(if different to above)</i>			
<b>Website:</b>			
<b>Primary Contact Name:</b>			
<b>Contact Phone:</b>		<b>Contact Mobile:</b>	
<b>Email Address:</b>			
<b>Accounts Contact Name:</b>			
<b>Accounts Contact Phone:</b>			
<b>Accounts Email Address:</b>			

2.0 General Questions		
2.1	<b>How many DIRECT employees do you employ?</b>	
2.2	<b>Has your Company worked for Alpine Project Australia (APA) previously?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.3	<b>What year was the Company incorporated?</b>	
2.4	<b>Is your Company willing to provide the latest financial statements (Profit &amp; Loss) if requested?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

3.0 Insurances		
3.1	<b>Able to provide Workers' Compensation Insurance</b> <i>(employee number and \$ value must be declared by APA as fair and reasonable)</i>	<input type="checkbox"/> YES (attach) <input type="checkbox"/> NO
3.2	<b>Able to provide Product and Public Liability Certificate - minimum cover \$20 Million</b>	<input type="checkbox"/> YES (attach) <input type="checkbox"/> NO
3.3	<b>Able to provide Professional Indemnity Insurance - minimum cover \$10 Million</b>	<input type="checkbox"/> YES (attach) <input type="checkbox"/> NO

#### 4.0 Contract Specifics

4.1	<b>Subcontract Agreements</b>	
4.1.1	<b>Does your Company agree to sign a Subcontract Agreement (AS 4901-1998 – Lump Sum Contract) for the performance of the Works in accordance with the requirements of the Head Contract?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

#### 5.0 Payment Terms

5.1	<b>Does your Company agree to the following payment terms?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> <li>45 days from end of month</li> </ul>	

## 6.0 Company Capability & Status

6.1	List 3 referees who you have recently worked with (current or completed)	1	Company:	
			Project:	
			Value:	
			Description:	
			Duration:	
			Contact Name:	
			Position:	
			Contact Number:	
		2	Company:	
			Project:	
			Value:	
			Description:	
			Duration:	
			Contact Name:	
			Position:	
			Contact Number:	
		3	Company:	
			Project:	
			Value:	
			Description:	
			Duration:	
			Contact Name:	
			Position:	
			Contact Number:	

## 7.0 Declaration

*By signing below, I declare that all information provided is true and correct to the best of my knowledge.*

<b>Completed By:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	