

Contractor Registration Details

Contractor Information

Field	Details
Form#	1
Submitted By	shahadmunazar@gmail.com
Submitted On	Thu May 01 2025 13:32:43 GMT+0530 (India Standard Time)

Company Details

Insurance

Work Health & Safety

Question	Answer	Attachments
ABN	12345678901	
Company name:	SafeBuild Pty Ltd	
Trading name(s):		
Company structure:	11-50 Employees	
Company representative first name:	John	
Company representative last name::	John	
Your position:	Director	
Address	123 Safety Lane	
Street:	Safety Lane	
Suburb:	Worktown	
State:	Victoria	
Post Code:		
Phone:	+61 400 123 456	
Phone:	Electrical Installation	
Do you employ		uploads/contractorRegistratioDocuments/contractorInsurance/1746181431378.pdf,F May 02 2025 05:30:00 GMT+0530 (India Standard Time)

Question	Answer	Attachments
people other than independent contractors?:		
Please attach a copy of your Public Liability Insurance certificate of currency?:	8	,Wed Dec 08 2027 00:00:00 GMT+0530 (India Standard Time)
Enter the amount covered (numbers only) \$:	242424	
Do you have Professional Indemnity Insurance?:	1	
Does your organisation have a work health and safety management system in place?		

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