

## Schedule 1: Prequalified Supplier Details

Prequalified Supplier Details		
Prequalified Supplier Registered Business Name		Registered for GST <input type="checkbox"/> Yes <input type="checkbox"/> No
Trading Name		
ABN/ACN		
Registered Business Address		
Website		
Entity Status	<input type="checkbox"/> Incorporated Body <input type="checkbox"/> A Trust <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify below) <hr/>

Service Provider Contact Details for Contract Notices	
Name	
Position	
Email	
Phone	
Fax	
Mobile	

Service Provider Contact Details No.1	
Name	
Position	
Email	
Phone	
Fax	
Mobile	

Service Provider Contact Details No.2	
Name	
Position	
Email	
Phone	
Fax	
Mobile	