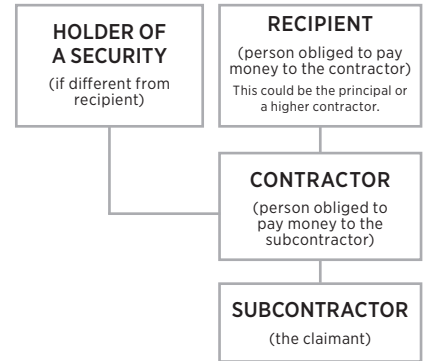


Pursuant to section 128 of the *Building Industry Fairness (Security of Payment) Act 2017 (BIF Act)*, if you are a contractor and you have been given a notice of claim by a subcontractor, you must respond by completing this form within **10 business days**, unless you have a reasonable excuse. A copy of this form must be given to both the subcontractor (the claimant) and any other person who was given a copy of the notice of claim by the subcontractor including the recipient and the holder of a security (if different from the recipient).

NOTE: If you are a contractor you may be committing an offence against the BIF Act if you do not respond within **10 business days** of receiving the notice of claim.

Parties involved in a subcontractors charge



CONTRACTOR DETAILS (person obliged to pay money to the subcontractor)

Full Name/ Company Name																							
QBCC Licence Number (if applicable)																							
ABN						ACN (if applicable)																	
Postal address																State				Postcode			
Phone						Mobile																	
Email																							

SUBCONTRACTOR DETAILS (the claimant)

Full Name/ Company Name																							
QBCC Licence Number (if applicable)																							
ABN						ACN (if applicable)																	
Postal address																State				Postcode			
Phone						Mobile																	
Email																							

RECIPIENT DETAILS (person obliged to pay money to the contractor)

Full Name/ Company Name																								
QBCC Licence Number (if applicable)																								
ABN							ACN (if applicable)																	
Postal address																								
													State				Postcode							
Phone							Mobile																	
Email																								

DETAILS OF WORK DONE BY THE SUBCONTRACTOR

Project Name																								
Site address																								
													State				Postcode							
Description of the work to which the claim relates																								

DETAILS OF AMOUNT CLAIMED

Amount of Claim													Due Date for Payment	D D		M M		Y Y Y Y									
\$.					/			/							

Is Work Complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Practical Completion Date (if applicable)	D D		M M		Y Y Y Y			
Is the Claim for Retention Amounts Only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of End of Defect Liability Period	D D		M M		Y Y Y Y			

