



Katherine and District Show Society

PO Box 339 Katherine NT 0851 Ph: (08) 89721746 Email:

mail@katherineshow.org.au

ABN: 14859963702

KATHERINE & DISTRICT SHOW SOCIETY EOI COVER SHEET

NAME OF EOI:

CONTRACTOR'S DETAILS

Name of Organisation:

ABN:

GST Registered: **Yes / No**

Address:

(please circle one)

I acknowledge that I and an appointed person will be required to attend an induction by KDSS prior to the show, impart this information to all employees and complete all necessary induction paperwork.

Phone Number:

Contact Person:

Email:

EOI AMOUNT, including GST:

TOTAL amount of CONTRACT \$ _____

TOTAL (In words) _____

Signature..... Name..... Date/...../2021

DETAILS OF INSURANCE COVERAGE

PUBLIC LIABILITY

Insurer

Policy N^o

Coverage Amount \$.....

WORKERS COMPENSATION

Insurer

Policy N^o

Documentary evidence of both insurance covers should be provided with this tender.

OTHER RELEVANT INFORMATION

.....
.....
.....
.....
.....
.....

Closing at 5pm on Monday 29th March 2021
They can be emailed to mail@katherineshow.org.au
or posted to PO Box 339 Katherine 0851.