



Katherine & District

Partnered with



-SHOW SOCIETY INC-

PO Box 339, Katherine NT 0851
Ph: (08) 8972 1746
Email: mail@katherineshow.org.au
ABN: 14 859 963 702



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 am 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	WORKERS COMPENSATION
Insurer	Insurer
Policy N°	Policy N°
Coverage Amount \$.....	
Documentary evidence of both insurance covers should be provided with this tender.	

OTHER RELEVANT INFORMATION
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Closing at 5pm on Wednesday 31th March 2021
They can be emailed to mail@katherineshow.org.au
or posted to PO Box 339 Katherine 0851.

