

Partner details – individual (natural person)

Salutation:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other: (list other title)	
Surname:	<input type="text"/>				
First name:	<input type="text"/>				
Middle name(s):	<input type="text"/>				
Have you been known by any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes provide full details on separate page)				
Date of birth:	<input type="text"/>	Place / Country of Birth:	<input type="text"/>		
Residential address:	<input type="text"/>				
	<input type="text"/>	Post Code:	<input type="text"/>		
Postal address:	<input type="text"/>				
	<input type="text"/>	Post Code:	<input type="text"/>		
Telephone details:	Home:	<input type="text"/> Area Code ()			
	Mobile:	<input type="text"/>			
Email:	<input type="text"/>				

Proof of Identity

Provide proof of your identity by attaching copies of one primary and one secondary form of identification listed below (at least one document must include photo identification):

- Primary identification (one of the following):

☐ Birth certificate ☐ Passport

- Secondary photographic identification (one of the following):

☐ Drivers licence ☐ Photographic identification*

*Photographic identification includes: proof of age card, public service employee identification, or an occupational licence issued by a Government Authority, or student identification card issued by an Australian educational institution.

Financial probity

If a partner has an adverse history of insolvency, they or the partnership may be declared an excluded contractor by the Building Services Board.

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| 1 | Have you previously applied for or held registration as a building services contractor under the <i>Building Services (Registration) Act 2011</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 2 | Have you been refused any other licence or registration required by law to carry on business, or held any such licence which has been cancelled or suspended at any time, in the past ten years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 3 | Have you been convicted of any criminal offence or breaches of bankruptcy or corporation law at any time during the past ten years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 4 | Do you have any pending or current proceedings of any criminal offences? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 5 | Have you personally, or as a director of a company, been involved in court, tribunal or disciplinary proceedings (including remedy orders) concerning the quality of any work carried out by you, or the company, at any time during the past ten years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 6 | Have you been subject to an insolvency event in the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 7 | Have you personally, or as a director of a company, been involved in any partnership, company or body corporate that has been declared an insolvent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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If you answered 'yes' to any of questions above, attach details.

☐ Attached ☐ N/A