River Place Renovation – Register of Interest

Please complete the following

Company Name:

ACN:

ABN:

QCC:

Principal Contact:

Contact Business Phone:

Financial Information:

Net Worth:

2014 Revenue:

2014 Profit/Loss:

2015 Revenue:

2015 Profit/Loss:

Management systems information (Including Work Health & Safety management):

Licensing and Qualifications:

Insurance Information:

Proposed Personnel:

Experience and Capability (Provide 3 example projects of similar scope/scale):

1.

2.

3.

Referee Contacts (Provide 3 contacts who have experience working alongside your team):

1.

2.

3.

Please include evidence of 4801 Safety, 9001 Quality and 14001 Environment.