

TRUST ACCOUNT NOTICE (TO TRUSTEE)

REQUEST FOR COPIES OF TRUST ACCOUNT INFORMATION OR RECORDS (\$23B AND 40B)

Under the *Building Industry Fairness (Security of Payment) Act 2017* a current or former beneficiary of a trust may request certain records or information about the trust to which they were a beneficiary.

As trustee of the relevant trust account, you have been given this notice as part of your legal obligation to provide the information or records requested by the beneficiary. You are required to comply with this request within 10 business days, unless you have a reasonable excuse.

IMPORTANT INFORM	MATION
To:	
(trustee)	
PART A-CONTRACT	DESCRIPTION
Contracting party name:	
Contracted party name:	
Project description:	
Site address:	
	D D M M Y Y Y
Contract date:	
PART B-TRUST ACC	OUNT DETAILS
	OUNT DETAILS rust account (if known) for which you are requesting information or records
Enter the details of the tr	
Enter the details of the tr	rust account (if known) for which you are requesting information or records
Enter the details of the tr Trust account name: BSB:	rust account (if known) for which you are requesting information or records
Enter the details of the tr Trust account name: BSB: Account number:	rust account (if known) for which you are requesting information or records
Enter the details of the transfer account name: BSB: Account number: RETENTION TRUST	rust account (if known) for which you are requesting information or records
Enter the details of the transfer trust account name:	rust account (if known) for which you are requesting information or records
Enter the details of the transfer trust account name:	rust account (if known) for which you are requesting information or records
Enter the details of the transfer account name: BSB: Account number: RETENTION TRUST Trust account name: BSB:	rust account (if known) for which you are requesting information or records



FACT SHEET

Statement of	balan	ce																
Date range:	D	D	M	М	, ,	Y Y	′ Y	Υ	to:		D	1	1	М	Υ	Υ	Υ	Υ
Date range.			/		/				to:			/		/				
Copy of trust	recor	ds																
Description o	f reco	rd: (e	.g. pa	yment	claim	s, supp	orting	staten	nents, n	otices g	given)							
Date range:	D	D	M	l M		YY	′ Y	Υ	to:	D	D	1	1	М	Υ	Υ	Υ	Υ
Date range.			/		/				10.			/		/				
D-BENEFIC	IARY	DE	TAILS	AND	AU1	HOR	SATIO	ON										
me of beneficia	-	ersoi	n maki	ng req	uest)													
Postal addres	ss:																	
the trustee wil	l deliv	er the	e requ	ested ii	nform	ation to	o the a	ddress	or emai	l noted	in thi	s sect	ion)					

Please note this form is to be given to the trustee and is not to be returned to the QBCC.