

PURPOSE OF THIS FORM

Section 99 of the *Building Industry Fairness (Security of Payment) Act 2017* (the Act) requires this notice to be given by the claimant to the respondent advising of their intention to start legal proceedings to recover the unpaid portion of the amount owed. This warning notice only applies if, after being given a payment claim, the respondent fails to pay the amount

stated in the claim on or before the due date for the progress payment to which the claim relates; and because of the failure to pay, the claimant intends to start proceedings in a court to recover the unpaid portion of the amount owed to the claimant. This warning notice must be given no later than 30 business days after the due date for the progress payment. No action must be taken by the claimant before the end of 5 business days after giving the respondent this warning notice.

1. CLAIMANT DETAILS

Note: The 'Name' field is to be completed as per name of the party to the contract. If no written contract exists, please list the individual's name or company name that has carried out work or supplied related goods and services.

*Name (Company/ individual)																
*ABN					ACN											
*Claimant	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Consultant	<input type="checkbox"/> Supplier	<input type="checkbox"/> Client	<input type="checkbox"/> Head contractor											
*Type of work undertaken (e.g. Project Management, Building)																
QBCC no.					QBCC owner-builder no.											
*Postal address																
State			Postcode													
*Business address																
State			Postcode													
*Phone					Mobile											
*Email																
*Preferred contact method	<input type="checkbox"/> Post	<input type="checkbox"/> Agent's postal address	<input type="checkbox"/> Email	<input type="checkbox"/> Agent's email address												

2. CLAIMANT AGENT DETAILS (if applicable)

Surname																
First names																
Business name																
Address																
Suburb																
State			Postcode				Business phone									
Email																

3. RESPONDENT DETAILS

Note: The 'Name' field is to be completed as per name of the party to the contract. If no written contract exists, please list the individual's name or company name that work was carried out for.

*Name (Company/ individual)	<input type="text"/>																											
ABN	<input type="text"/>												ACN	<input type="text"/>														
*Respondant	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Consultant	<input type="checkbox"/> Supplier	<input type="checkbox"/> Client	<input type="checkbox"/> Head contractor																							
QBCC no.	<input type="text"/>												QBCC owner-builder no.	<input type="text"/>														
*Postal address	<input type="text"/>																											
	<input type="text"/>																											
State	<input type="text"/>			Postcode	<input type="text"/>																							
*Business address (no P.O. box)	<input type="text"/>																											
	<input type="text"/>																											
State	<input type="text"/>			Postcode	<input type="text"/>																							
*Phone	<input type="text"/>												Mobile	<input type="text"/>														
*Email	<input type="text"/>																											
*Preferred contact method	<input type="checkbox"/> Post	<input type="checkbox"/> Agent's postal address	<input type="checkbox"/> Email	<input type="checkbox"/> Agent's email address																								

4. CONTRACT AND PROJECT DETAILS

*Project name (as per contract)	<input type="text"/>																													
	<input type="text"/>																													
*Project type (i.e. Apartments/ factory)	<input type="text"/>																													
*Contract date or date agreement commenced	D	D	/	M	M	/	Y	Y	Y	Y	(If no contract or contract silent, the last day of the month that work was undertaken, or related goods and services were first supplied; and the last day of each month after this)	*Reference date under contract	D	D	/	M	M	/	Y	Y	Y	Y								
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
*Address	<input type="text"/>																													
	<input type="text"/>																													
Suburb	<input type="text"/>												State	<input type="text"/>			Postcode	<input type="text"/>												

5. PAYMENT CLAIM DETAILS

*Payment claim date / /
D D M M Y Y Y Y
 Date payment claim was given to respondent

*Payment claim due date / /
D D M M Y Y Y Y
 Date the payment claim due for payment

*Payment claim amount \$
 Claim amount excluding GST

+ \$
 GST if applicable

\$. TOTAL claim amount including GST

6. DECLARATION

Date this warning notice was issued / /
D D M M Y Y Y Y

I issue this warning notice to declare that I intend to begin court proceedings for the unpaid progress payment mentioned in this notice.

*Claimant's signature

Date / /
D D M M Y Y Y Y