

#### When to use this form

Use this form to notify QBCC when you have paid two or more subcontractor beneficiaries a reduced amount (a proportional payment) because there was an insufficient amount held in the project trust account. This must be done **as soon as possible** after you have made the proportionally reduced payments.

Failing to notify QBCC of a trust account or providing false or misleading information to the QBCC about a trust account are both serious offences and can result in a fine or imprisonment.

### Calculation of proportionally reduced payment amounts

NOTE: This is for guidance only — it does not need to be submitted.

Include in the provided table:

- amount due to be paid to each subcontractor before the payment
- total amount available in the project trust account before the payment
- calculations showing how each subcontractor's payment amount has been reduced.

#### **EXAMPLE**

SUBCONTRACTOR	AMOUNT DUE	% OF TOTAL AMOUNT DUE TO SUBCONTRACTORS	TOTAL AMOUNT AVAILABLE IN TRUST ACCOUNT	% X TOTAL AMOUNT AVAILABLE IN TRUST ACCOUNT				
1	\$10,000	20%	\$4,000 (\$20,000 x 20%					
2	\$20,000	40%	¢20,000	\$8,000				
3	\$20,000	40%	\$20,000	\$8,000				
Total	\$50,000	100%		\$20,000				



#### APPLICABLE LEGISLATION

Notification made under section 20C of the Building Industry Fairness (Security of Payment) Act 2017.

#### **PRIVACY NOTICE**

The QBCC is collecting personal information on this form to regulate trust accounts. This is authorised by the *Building Industry Fairness (Security of Payment) Act 2017* (BIF Act).

The QBCC must keep a register of trust accounts. The QBCC may publish information about trust accounts as determined by the Commissioner and may report statistics to other agencies. The QBCC Privacy Policy contains full use and disclosure details.

All information held by the QBCC may be subject to application for access under the *Right to Information Act 2009* or the *Privacy Act 2009*.

#### **COMPLETING THIS FORM**

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid any amendments should be crossed out and initialled.

### Return your fully completed form and ALL required documents by:

Post: GPO Box 5099, Brisbane QLD 4001

In person: QBCC Service Centres are listed on our website qbcc.qld.gov.au

1. TRUSTEE DETAIL	1. TRUSTEE DETAILS														
Name															
ABN															
ACN															
QBCC licence number															
Business address															
Suburb															
Postcode	State Phone														
Email															
2. CONTRACT DETAILS															
Contracting party															
Date of contract															
Project description															
Site address															
Suburb															
Postcode	State														
	If the project relates to multiple sites, check this box and enter remaining site details on page 5														

TA4 Notice of Insuff Pay\_v2\_05/21 Page 2 of 5



3. PROJECT TRUST	ГАС	COU	NT [	DET	AILS														
Account name																			
Name of financial institution																			
BSB												Accou numb							
Date opened	D	D	/	М	M /	Υ	Y	Y	Y										
Provide details for each available in the project	4. SUBCONTRACTOR DETAILS  Provide details for each subcontractor beneficiary who has received a proportionally reduced payment amount due to insufficient amounts being available in the project trust account. Guidance on how to calculate proportional payments is provided at the end of this form. Attach additional copies of this page if you have made reduced payments to more than 3 subcontractor beneficiaries.																		
SUBCONTRACTOR 1																			
Name																			
Amount due																			
Amount paid																			
Date paid	D	D	/	M	M /	Υ,	Y	Y	Y										
SUBCONTRACTOR 2										J									
Name																			
Amount due																			
Amount paid																			
	D	D		М	М	Υ	Υ	Υ	Υ		J								
Date paid			/		/														
SUBCONTRACTOR 3																			
Name																			
Amount due																			
Amount paid																			
	D	D		М	М	Υ	Υ	Υ	Υ										
Date paid			/		/														

TA4 Notice of Insuff Pay\_v2\_05/21 Page 3 of 5



5. DECLARATION																				
	I understand that it is an offence for a trustee to fail to top up a trust account where there are insufficient amounts available to pay all beneficiaries the full amounts due to be paid to them.																			
I understand t	I understand that completing this notice does not exempt the trustee from the obligation to top up the trust account.																			
I understand that the trustee is required to ensure that the remaining amount owed to subcontractors is paid (from the trust account) when funds become available.																				
I understand th	I understand that the trustee may be committing an offence by failing to pay the full amount owed to subcontractors by the due date.																			
The information I have provided in this form is, to the best of my knowledge, true and accurate.																				
I have read and understood the Privacy Notice on page two of this form.																				
Full name of person making declaration																				
Position of person making declaration																				
Signature										Date	e	D	D	/	I M	/	Y	Υ	Υ	Y
On behalf of: Trustee name																				

TA4 Notice of Insuff Pay\_v2\_05/21 Page 4 of 5



6. ADDITIONAL SI	TE D	ETA	ILS		6. ADDITIONAL SITE DETAILS  If the project relates to multiple sites, please enter the remaining site addresses below.																	
If the project relates to	multi	ole sit	es, pl	ease (	enter t	he re	maini	ng site	e add	resses	belo	W.										
SITE 1																						
Name																						
Amount due																						
Amount paid																						
Data maid	D	D	1	4 I	М	Υ	Υ	Υ	Υ	7												
Date paid			/		/																	
SITE 2																						
Name																						
Amount due																						
Amount paid																						
	D	D	1	4 I	М	Υ	Υ	Υ	Υ													
Date paid			/		/																	
SITE 3																						
Name																						
Amount due																						
Amount paid																						
Data maid	D	D	1	4 I	М	Υ	Υ	Υ	Υ	1												
Date paid			/		/																	
SITE 4																						
Name																						
Amount due																						
Amount paid																						
	D	D	1	4 1	М	Υ	Υ	Υ	Υ													
Date paid			/		/																	
SITE 5																						
Name																						
Amount due																-						
Amount paid																						
	D	D	1	4 I	М	Υ	Υ	Υ	Υ													
Date paid			/		/																	

TA4 Notice of Insuff Pay\_v2\_05/21 Page 5 of 5