# SHORT FORM STANDARD FORM OF AGREEMENT - Agreement Details

**Prequalification Scheme: Subsidence Advisory NSW Independent Assessment SCM4721**

**GUIDE NOTE: IS IN HIDDEN TEXT – ENSURE YOU REMOVE THIS RED TEXT**

**Where the Service Provider is a company, the full legal entity name of the company should be used.**

**Where the Service Provider is an unincorporated partnership, the partnership name can be used. The Rules of Court in each Australian jurisdiction now state that a partnership can be sued in the firm’s name.**

**A business (trading) name is not a legal entity and must not, by itself, be used as the name for the Service Provider.**

**The name(s) of the owner(s) of the business name should be inserted as follows:**

**“[insert name of first owner] of [insert address of first owner], [insert name of second owner] of [insert address of second owner] and [insert name of third owner] and [insert address of third owner] trading under the business name “[insert business name]”**

**Where the Service Provider is a ‘consortium’ of legal entities, the names of each separate legal entity should be used. Parties to the engagement may sign the Agreement Details at the base of this document.**

Note:

**Guide notes must not appear in the documents issued.**

1. Remove all guide notes manually or using the following steps:

**•** On the **Edit** menu, click **Replace**; then (if required)

**•** Click the **More** button;

**•** Click the **Format** button, click on **Font**;

**•** Tick the **Hidden** check box and click the **OK** button;

**•** Click the **Special** button, click on **Any Character**; then

**•** Click the **Replace All** button.

2. Delete this **User Guidance**, along with the following **Page Break**.

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| **Details** | |
| **Principal** | **NOTE: Principle is msb until 31/12/2018 unless advised earlier**  **do not change** |
| **Address** | **Do not change** |
| **ABN** | **Do not change** |
| **Service Provider Name** | **see notes above** |
| **Service Provider ABN** | **see notes above** |
| **Service Provider’s Proposal** | Attached: Yes  No  Dated: *insert date received* |
| **Purchase Order** | Purchase Order No. *insert PO number*  Copy Attached: Yes  No  **purchase Order must be included with this short order form – pdf together before sending to service provider** |
| **Item 1 Services** (clause C1.1) | **insert**  **claim/file number**  **claimant’s name**  **clainmant’s address**  **claimant’s contact details**  **insert description of services**  **insert scope of services/works**  **(or attach as separate pdf to this short order form – make note here that scope is attached below)** |
| **Item 2 Conflict of Interest** (clause C3) | Does a Conflict of Interest exist or likely to arise in the performance of the Services:  Yes  (provide details)  No |
| **Item 3 Fees** (clause C5.3) | **insert fee structure, as per rate card and agreed hour as per item number from the service provider’s rate card**  **eg Item 5 - 4hrs @ $100.00 Total $400.00 (ex GST)**  **insert any other relevant information regarding fees/pricing** |
| **Item 4 Commencement Date** (clause C2) | **insert start date of contract** |
| **Item 5 Completion Date** (clause C11) | **insert end date of contract** |
| **Item 6 Program** (clause C4.5(a)) | Program for performance and completion of the Services is [*required*] / [*not required*].**determine in program required –**  **example is for services that include high risk construction work, then whs site management plan is required**  **example is gantt chart/program/timeline eg attend site, prelim report, final report etc** |
| **Item 7 Reports & Deliverables** (clause C4.6) | **insert specific information eg preliminary report required in 3 days and final report in 14 days** |
| **Item 8 Service Provider’s** **Representative** (clause C4.13) | **insert service provider’s contact name** |
| **Item 9 Principal’s Representative** (clause C5.2) | **insert case advisor’s name** |
| **Item 10 Notices** (clause 14)  **Principal’s Name:** | **do not change** |
| **Address:** | **do not change** |
| **Email:** |  |
| **Attention** |  |
| **Service Provider’s Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Attention:** |  |
| **Item 11** | Insurance Conditions identified by Principal (clause C4.18)  Yes  No |
| Indemnity Conditions identified by Principal (clause C10)  Yes  No |
| CAP on liability: **insert cap Dollar ($) amount if applicable** |

**Agreement Details Acceptance**

**Principal**

|  |  |  |
| --- | --- | --- |
| ***Organisation Name:*** | | |
| ***Contact Name:*** | ***Phone:*** | ***Email:*** |
| ***Signature:*** | | ***Date:*** |
|  | |  |

**Service Provider**

|  |  |  |
| --- | --- | --- |
| ***Organisation Name:*** | | |
| ***Contact Name:*** | ***Phone:*** | ***Email:*** |
| ***Signature:*** | | ***Date:*** |
|  | |  |