



# Katherine & District

-SHOW SOCIETY INC-

P O Box 339, Katherine NT 0851

Ph: (08) 8972 1746

Email: [mail@katherineshow.org.au](mailto:mail@katherineshow.org.au)

ABN: 14 859 963 702

## EXPRESSION OF INTEREST – COVER SHEET

**NAME OF EOI:**

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**CONTRACTOR'S DETAILS**

Name of Organisation:

ABN: GST Registered: **Yes / No**

Address: (please circle one)

I acknowledge that I am an appointed person will be required to attend an induction by KDSS prior to the show, impart this information to all employees and complete all necessary induction paperwork.

Phone Number: Contact Person:

Email:

**EOI AMOUNT, including GST:**

TOTAL amount of CONTRACT \$ \_\_\_\_\_

TOTAL (In words) \_\_\_\_\_

Signature..... Name..... Date ...../...../2025

**DETAILS OF INSURANCE COVERAGE**

<p><b>PUBLIC LIABILITY</b></p> <p>Insurer .....</p> <p>Policy N° .....</p> <p>Coverage Amount \$.....</p>	<p><b>WORKERS COMPENSATION</b></p> <p>Insurer .....</p> <p>Policy N° .....</p>
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**Documentary evidence of both insurance covers should be provided with this tender.**

**OTHER RELEVANT INFORMATION**

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**Closing at 5pm on Wednesday 9 April 2025**  
 They can be emailed to [mail@katherineshow.org.au](mailto:mail@katherineshow.org.au)  
 or posted to PO Box 339 Katherine 0851.

