



Katherine & District

Partnered with



-SHOW SOCIETY INC-

P O Box 339, Katherine NT 0851

Ph: (08) 8972 1746

Email: mail@katherineshow.org.au

ABN: 14 859 963 702



EOI COVER SHEET

NAME OF EOI:

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/...../2022

DETAILS OF INSURANCE COVERAGE

PUBLIC LIABILITY

Insurer

Policy N°

Coverage Amount \$.....

WORKERS COMPENSATION

Insurer

Policy N°

Documentary evidence of both insurance covers should be provided with this tender.

OTHER RELEVANT INFORMATION

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Closing at 5pm on Friday 31st March 2023
They can be emailed to mail@katherineshow.org.au
or posted to PO Box 339 Katherine 0851.

