



Katherine & District

-SHOW SOCIETY INC-

P O Box 339, Katherine NT 0851

Ph: (08) 8972 1746

Email: mail@katherineshow.org.au

ABN: 14 859 963 702

EXPRESSION OF INTEREST – 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

Closing at 5pm on Friday the 5th of April 2024
They can be emailed to mail@katherineshow.org.au
or posted to PO Box 339 Katherine 0851.

