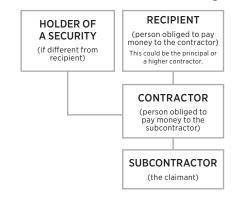


FORM S125 WITHDRAWING A NOTICE OF CLAIM

Parties involved in a subcontractors charge

Pursuant to section 125 of the *Building Industry Fairness (Security of Payment)*Act 2017 (BIF Act), a subcontractor may at any time, wholly or partly withdraw their notice of claim by giving this notice of withdrawal to the person to whom the notice of claim was given. A copy of this notice of withdrawal must be given to each of the persons who were given a copy of the notice of claim (the recipient, contractor and security holder (if applicable).



SUBCONTRACTO	R DETA	ILS (t	he cl	aima	nt)												
Full Name/ Company Name																	
QBCC Licence Number (if applicable)																	
ABN										(i	if app	ACN licable)					
Postal address																	
											(State		Post	code		
Phone										Мо	bile						
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DECIDIENT DETAIL			1.1.	1.1							`						
RECIPIENT DETAI	I LS (pe	rson c	blige	ed to	pay i	mone	ey to	the	conti	ractor	·)				I		
RECIPIENT DETA Full Name/ Company Name	ILS (pe	rson c	blige	ed to	pay i	mone	ey to	the	contr	ractor	.)						
Full Name/	ILS (pe	rson c	blige	ed to	pay i	mone	ey to	the	contr	ractor	·)						
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Full Name/ Company Name QBCC Licence	ILS (pe	rson c	bblige	ed to	pay i	mone	ey to	the	contr			ACN licable)					
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FORM S125 WITHDRAWING A NOTICE OF CLAIM

CONTRACTOR DI	TAIL	_S (p	erso	n ob	liged	l to p	ay m	none	y to t	he si	ubco	ntra	ctor)							
Full Name/ Company Name																				
QBCC Licence Number (if applicable)																				
ABN												(if app	ACN licable)							
Postal address																				
													State			Post	code			
Phone											М	obile								
Email																				
DETAILS OF HOL (if applicable)	DER	OF A	A SE	CURI	TY (i	f diff	eren	t fro	m the	e rec	ipien	t's d	etail	5)						
Full Name/																				
Company Name																				
QBCC Licence Number (if applicable)																				
ABN												(if ann	ACN licable)							
Postal address												(п арр	licable)							
												(State			Post	code			
Phone											М	obile								
Email																				
DETAILS OF WOR	RK D	ONE	BY 1	ГНЕ 9	SUBC	ONT	RAC	TOR												
Project Name																				
Site address																				
												S	State			Post	code		Ì	
Description of the work to which the claim relates																				



FORM S125 WITHDRAWING A NOTICE OF CLAIM

Amount of Claim	UNT CLAIMED D D M M Y Y Y Y Due Date for Payment Payment
Is Work Complete? Is the Claim for Retent Amounts Only?	Yes No Practical Completion Date (if applicable) D D M M Y Y Y Y Y Date of End of Defect Liability Period D D M M Y Y Y Y Y
DECLARATION I hereby give notice in a	accordance with section 125 of the Building Industry Fairness (Security of Payment) Act 2017 that
l,	
(*P	I wholly withdraw the Notice of Claim D D M M Y Y Y Y Partially withdraw the Notice of Claim Please tick the appropriate box)
Amount of partial withdrawal	
Signature of Subcontractor (the claimant)	D D M M Y Y Y Y Date / / / / / / / / / / / / / / / / / / /
WITNESS CERTIFIC	ATION
Full Name	
Signature of witness	D D M M Y Y Y Y Date / / / / / / / / / / / / / / / / / / /