Form 2A Version 1

Subcontractors' Charges Act 1974 NOTICE TO CONTRACTOR OF CLAIM OF CHARGE BEING GIVEN – **RETENTION MONEY ONLY**

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Name of Claimant's contractor or a superior contractor <i>to</i> whom money is payable by the	Address of Contractor		
Employer (in this form called <i>Contractor</i>)			
FROM:			
Name of Claimant	Address of Claimant		
(in this form called <i>Claimant</i>)			
The Claimant hereby gives notice that a claim of charge, in accordance with section 10 of the <i>Subcontractors' Charges Act 1974</i> , has been made on retention money ¹ that is now or will be payable by the Employer to the Contractor under the Contract.			
The claim of charge is for the Amount and concerning Particulars of Claim for work done by the Claimant in respect of the Contract, which work was done by the Claimant under a subcontract with the Claimant's Contractor between the dates set out in this Notice.			
The Notice of Claim of Charge requires the Employer to take the necessary steps to see that the Amount Claimed is paid or secured to the Claimant.			
The Claim has been examined by the Qualified Person who has certified that in their opinion the claim is prima facie a proper claim to proceed pursuant to the provisions of the <i>Subcontractor's Charges Act 1974</i> .			
Name of employer or superior contractor <i>by</i> whom retention money is payable (in this form called <i>Employer</i>)	Address of Employer		
Name of contractor by whom manay is	Address of Claimant's Contractor		
Name of contractor <i>by</i> whom money is payable to the Claimant under a subcontract	Address of Claimant's Contractor		
(in this form called <i>Claimant's Contractor</i>)			

¹ If money additional to retention money is sought to be charged Form 2 should be used.

Contract:	Address where Claimant's work was done:			
(Identify contract between Employer and Contractor)				
Community				
Amount Claimed:				
Particulars of Claim:	1			
(Give particulars of work done by Claimant)				
Data between a bid the analysis of and				
Dates between which the work was carried out:				
Name of person who has certified the Claim	Qualifications of Qualified Person			
(Qualified Person):				
Dated at				
this day of				
	CATA			
Signature of Claimant or officer of Signature	ture of Witness			

Signature of Claimant or officer of Claimant where Claimant is a corporation