Form 2A Version 1

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

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10.				
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 (in this form called <i>Claimant</i>)	Address of Claimant			
(in this form tuned crawway)				
	<u> </u>			
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.				
is now or will be purposed by the Employer to the Community and Community				
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 subcontract with the subcontract with the subcontract with the subcont	· · · · · · · · · · · · · · · · · · ·			
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 even ined by the Qualified Demon who has contified that in the in-				
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 Subcontractor's Charges Act 1974.				
Name of employer or superior contractor by	Address of Employer			
whom retention money is payable (in this form called <i>Employer</i>)				
(III this form cance <i>Employer</i>)				
Name of contractor by whom money is	Address of Claimant's Contractor			
payable to the Claimant under a subcontract (in this form called <i>Claimant's Contractor</i>)				
(mains form cancer community community)				

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)				
Connector)				
Amount Claimed:	_			
Particulars of Claim:				
(Give particulars of work done by Claimant)				
Dates between which the work was carried out:				
	0 10 0 0 10 10			
Name of person who has certified the Claim (Qualified Person):	Qualifications of Qualified Person			
(Qualifica i cisoff).				
Dated at				
1.				
this day of				
Signature of Claimant or officer of Signa	ture of Witness			

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