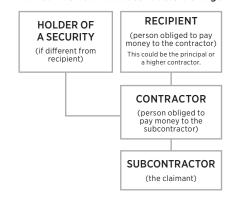


FORM S128 RESPONSE TO A NOTICE OF CLAIM

Parties involved in a subcontractors charge

Pursuant to section 128 of the *Building Industry Fairness (Security of Payment)*Act 2017 (BIF Act), if you are a contractor and you have been given a notice of claim by a subcontractor, you must respond by completing this form within **10 business days**, unless you have a reasonable excuse. A copy of this form must be given to both the subcontractor (the claimant) and any other person who was given a copy of the notice of claim by the subcontractor including the recipient and the holder of a security (if different from the recipient).

NOTE: If you are a contractor you may be committing an offence against the BIF Act if you do not respond within **10 business days** of receiving the notice of claim



(if applicable) State Postcode
(if applicable) State Postcode
(if applicable) State Postcode
Mobile
ACN
(if applicable)
(if applicable)
State Postcode



FORM S128 RESPONSE TO A NOTICE OF CLAIM

RECIPIENT DETAI	LS (pers	on o	blige	ed to	pay	mone	ey to	the	cont	racto	or)										
Full Name/																						
Company Name																						
QBCC Licence Number (if applicable)																						
ABN												(if app	ACN licable)									
Postal address																						
													State				Post	code				
Phone											M	lobile										
Email																						
,																						
DETAILS OF WOR	K D	ONE	BY	тне :	SUBC	ONT	ΓRAC	TOR	2													
Project Name																						
Site address																						
												5	State				Post	code				
Description of the work to which the claim relates				<u>'</u>								1								<u>'</u>	<u>'</u>	
DETAILS OF AM Amount of Claim	OUI	NI C	LAIN	1ED																		
											Due	Date	for	D	D		M	M ,	Υ	Y	Y	Y
\$											1	Paym	ent					/				
									_					D	D		М	М	Υ	Υ	Υ	Υ
Is Work Complete?			Ye	es		No			Pr		al Cor Date (/		/				
Is the Claim for Rete	ention	n	V/	es		No			Da		End c			D	D		M	M ,	Υ	Y	Y	Υ
Amounts Only?						INO				L	iabilit	y Pei	riod			/		/				



FORM S128 RESPONSE TO A NOTICE OF CLAIM

DECLARATION I hereby give notice	in accordance with section 128 of the <i>Building Industry Fairness (Security of Payment) Act 2017</i> that										
l,											
	Accept liability to pay the claimed amount Accept liability to pay an amount stated in this response but otherwise dispute the claim Dispute the claim										
	(*Please tick the appropriate box)										
Stated amount to be paid	\$										
Signature of Contractor (the claimant)	D D M M Y Y Y Y Date // // // // // // // // // // // // //										
WITNESS CERTII	FICATION										
Full Name											
Signature of	D D M M Y Y Y										
witness	Date / / /										