

INFORMATION ABOUT THIS TEMPLATE

Section 97F of the *Building Industry Fairness (Security of Payment) Act 2017* provides that a claimant for an adjudicated amount may require the respondent to provide information about a higher party for the purposes of issuing a payment withholding request for an unpaid adjudicated amount.

WHO IS A 'HIGHER PARTY'?

If the claimant is a subcontractor — the person responsible for paying the respondent for the construction work (or supply of related goods and services) to which the unpaid adjudicated amount relates.

If the claimant is a head contractor—the person who finances the construction work (or supply of related goods and services) to which the unpaid adjudicated amount relates.

A payment withholding request cannot be given to a higher party that is a resident owner.

COMPLETING THIS TEMPLATE

This template is provided—

- for a claimant to request information about the higher party from a respondent for an unpaid adjudicated amount (Part A); and
- for the respondent to provide the requested details to the claimant (Part B).

The respondent must reply to a request for information about the higher party within 5 business days of receiving the request. Failure to do so is an offence and may incur a penalty.

It is also an offence for the respondent to give the claimant information that the respondent knows is false or misleading.

COMPLETING THIS FORM

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid – any amendments should be crossed out and initialed

PART A – CLAIMANT TO COMPLETE
1. TO THE RESPONDENT (PERSON REQUIRED TO PROVIDE INFORMATION ABOUT THE HIGHER PARTY)

Full Name/
company name

(as it appears on the
construction contract)

This notice is requesting information from you about the higher party for the unpaid adjudication amount listed below.

2. CLAIMANT DETAILS (PERSON MAKING INFORMATION REQUEST)

Adjudication decision date ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Full name/
company name

Business address

State Postcode Phone

Email

3. DETAILS OF ADJUDICATION DECISION

Adjudication application number Adjudication decision date ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Project description

Site address

State Postcode

PART B - RESPONDENT TO COMPLETE

The higher party is as stated below

There is no higher party for the construction contract

1. HIGHER PARTY DETAILS

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|----------|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|
| Full name/ company name of higher party | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Business address /residential address where there is no place of business | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| State | | | | Postcode | | | | | Phone | | | | | | | | | | | |

Yes, amount/s are or will become payable by the higher party to the respondent under an arrangement for construction work or the supply of goods and services to which the adjudicated amount relates.

No amount is, or will become, payable by the higher party to the respondent under an arrangement for construction work or the supply of goods and services to which the adjudicated amount relates.

2. DECLARATION (TO BE COMPLETED BY RESPONDENT)

! **WARNING: It is an offence to give the claimant information that the respondent knows is false or misleading.**

To the best of my knowledge, at the time of responding to this information request:

- I declare that the information provided in Part B of this document is true and accurate to the best of my knowledge.
- I understand that it is an offence under s97F(2) of the *Building Industry Fairness (Security of Payment) Act 2017* to fail to respond to a claimant's request for information about a higher party within 5 business days of receiving the request.
- I understand that it is an offence under s97F(3) of the *Building Industry Fairness (Security of Payment) Act 2017* to respond to a claimant's request for information about a higher party with information that I know to be false or misleading

Respondent signature

| | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Position/ company | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | D D M M Y Y Y Y Date <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | |