## Form 2 Version 1

## Subcontractors' Charges Act 1974 NOTICE TO CONTRACTOR OF CLAIM OF CHARGE BEING GIVEN

TO:		
Name of Claimant's contractor or a superior contractor <i>to</i> whom money is payable by the Employer (in this form called <i>Contractor</i> )	Address of Contractor	
FROM:		
Name of Claimant (in this form called <i>Claimant</i> )	Address of Claimant	
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 money <sup>1</sup> 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 by whom money is payable (in this form called <i>Employer</i> )	Address of Employer	
Name of contractor <i>by</i> whom money is payable to the Claimant under a subcontract (in this form called <i>Claimant's Contractor</i> )	Address of Claimant's Contractor	

<sup>&</sup>lt;sup>1</sup> Money includes retention money. If a notice of claim was given in respect of retention money only, use Form 2A

Contract:	Address where Claimant's work was done
(Identify contract between Employer and Contractor)	
Contractor)	
Amount Claimed:	
Particulars of Claim:	
(Give particulars of work done by Claimant)	
Dates between which the work was carried out:	
Bacs 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	
Г	
	CHI.
Signature of Claimant or officer of Signa Claimant where Claimant is a	ture of Witness
corporation	