**CONTRACTOR INFORMATION FORM**

**Personal Information**

|  |  |
| --- | --- |
| Name: |  |
| Residential Address: |  |
| Date of Birth: |  |
| Email: |  |
| Phone: |  |

**Other Information**

|  |  |
| --- | --- |
| A.B.N.: |  |
| Are you currently registered for G.S.T.?  |  |
| Tax File Number: |  |

**Superannuation**

|  |  |
| --- | --- |
| Fund Name: |  |
| Fund A.B.N. |  |
| Fund USI: |  |
| Member Number: |  |

*This information is collected for the sole purpose of your engagement as a contractor, and all fields are required for correct payment of fees, superannuation and WorkCover. For any questions contact Joshua Lowe, General Manager of Theatre Network Australia:* *josh@tna.org.au*