

Contractors Declaration of Insurance

Contract Name: _____

I/we confirm, applicable to the above:-

- The effected insurance policies are listed below, with letters of good standing attached. (Note: the expiry date of these policies are not be less than three (3) months after the date of the *Complete order* stated on the Agreement);
- A current letter of good standing is attached with regard to Workmen’s Compensation obligations;
- In respect of VAT and PAYE a copy of the current certificate and return (applicable to VAT) are attached.

POLICIES:	Insurer	Policy Number	Expiry Date
<ul style="list-style-type: none"> • Public Liability • S/C "All Risks" incl. SASRIA • Employer’s Liability • Professional Indemnity insurance (when ever design is applicable) • Supplementary Insurance’s (if applicable) 			
COMPENSATION FUND	Registration Number	Effective date	Expiry Date
<ul style="list-style-type: none"> • Workmen’s Compensation 			
SARS:	Reference Number	Expire Date	Tax pin number
<ul style="list-style-type: none"> • Tax pin compliance 			

SIGNATURE:
 for and on behalf of the contractor who is by signature hereof warrants authorisation hereto

FOR AND ON BEHALF OF (Contractor’s Name):

OFFICIAL CAPACITY:.....Date:.....