

Payment claim

This is a payment claim made under the *Building and Construction Industry (Security of Payment) Act 2021 (WA)*

To (respondent)

Respondent's name:

Trading name: (IF DIFFERENT)

ABN: (WHERE APPLICABLE)

Address: (ORDINARY PLACE OF BUSINESS)

Telephone: (INCLUDE AREA CODE)

Email:

From (claimant)

Claimant's name:

Trading name: (IF DIFFERENT)

ABN: (WHERE APPLICABLE)

Address: (ORDINARY PLACE OF BUSINESS)

Telephone: (INCLUDE AREA CODE)

Email:

Building service contractor registration No. (IF APPLICABLE)

Prefix:

Registration No.

Contract details:

Project: (NAME AND LOCATION)

Contract number: (IF APPLICABLE)

Total amount of payment claim: (INCL. GST IF APPLICABLE)

Payment claim number/reference number: (IF APPLICABLE)

Payment type

- Claim period: (from / / to / /);
- Residential construction (i.e. a claim made on homeowner to which s24(2) of the Act applies);
- Milestone payment;
- Single or one-off payment;
▶ Complete the 'Description of the claim' and 'Variations (if applicable)' tables on page 2.
- Final payment;
▶ Complete the 'Description of the claim' and 'Variations (if applicable)' tables on page 2.
Do not complete the shaded 'Claim to date' columns if not applicable to this payment claim.
- Claim is for or includes return of retention money.
▶ Complete the 'Return of retention money' on page 3.

Continued over page...

Payment claim (cont'd)

Return of retention money

Return of retention money				
Description	% Claimed	\$ Claimed	% Remaining	\$ Remaining

Summary

Summary	
Total original contract complete to date	
Plus total variations complete to date	
Subtotal	
Less retention (if applicable)	
Less previously paid amount (if applicable)	
Claimed amount (incl. amount of retention money claimed for return, if applicable)	
Plus GST (<i>Deselect check box if GST is NOT applicable</i>) <input type="checkbox"/>	
Total claimed amount	

List of attachments

List attachments below

Homeowner notice

Homeowner notice attached (s.24(2) of the Act): Yes Not applicable

Signature and date

Signed:

Date:

(FOR AND/OR ON BEHALF OF CLAIMANT)