

S2 - Invitation to Offer – Returnable Schedules

Returnable Schedule 1

Contract Number:	SBRCQ-21/22-21
Description of Goods/Services	Invitation to offer – one (1) Friesian Bullock, collection from Coolabunia Saleyards

Respondent Details

Legal Company Name: _____

If legal name is a trust, indicate Trustee for the trust. This must be an individual name or Pty Ltd company.

Register Trading Name: _____

(as appears on invoice)

ACN (if applicable): _____

ABN (if applicable): _____

Street Address: _____

Suburb: _____

Postcode: _____

Postal Address: _____

Suburb: _____

Postcode: _____

Telephone: _____

Mobile: _____

Facsimile: _____

Email: _____

Website: _____

Contact Name for Respondent: _____

I am the duly authorised delegate of the company listed in the registered trading name of this form with the delegated power to issue this document on behalf of the Legal Company Name.

Contact Name for Respondent: _____

Contact Name for Accounts enquiries: _____

Contact Name for Contract Management: _____

Tendered Price (amount excluding GST): _____

(If applicable)

Authorised Signatory's Full Name: _____

Authorised Signatory's Signature: _____

Witness' Full Name: _____

Witness' Signature: _____

Date: _____

Returnable Schedule 2
Pricing Schedule – please complete

	Offer
Offer for one (1) Friesian Bullock collected from Coolabunia Saleyards.	\$

Returnable Schedule 3

Insurance

The Respondent must provide a completed schedule of Insurances. A copy of the Certificate of Insurance is to be provided.

Workers Compensation Insurance	
Policy Number:	<<Provide details>>
Name of Insurer:	<<Provide details>>
Named Insured:	<<Provide details>>
Expiry Date:	<<Provide details>> NOTE: Specify any exclusions and deductibles to the above Insurance Policy.

Public Liability Insurance - Minimum coverage of \$20,000,000	
Policy Number:	<<Provide details>>
Name of Insurer:	<<Provide details>>
Named Insured:	<<Provide details>>
Sum Insured:	<<Provide details>>
Expiry date:	<<Provide details>> NOTE: Specify any exclusions and deductibles to the above Insurance Policy.

Third Party Property Damage Insurance	
Policy Number:	<<Provide details>>
Name of Insurer:	<<Provide details>>
Named Insured:	<<Provide details>>
Sum Insured:	<<Provide details>>
Expiry Date:	<<Provide details>> NOTE: Specify any exclusions and deductibles to the above Insurance Policy.

Other Insurances	
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Returnable Schedule 4

Additional information

Collection of the animal will be at the expense of the tenderer.