

SUB CONTRACTOR VERIFICATION

Company Name Here

NAME OF SOLE TRADER	
NAME OF PARTNERSHIP	
COMPANY NAME & REGISTRATION NUMBER	
TRADING NAME (IF APPLICABLE)	
UNIQUE TAX REFERENCE (UTR)	
SOLETRADER/PARTNER NATIONAL INSURANCE NUMBER	
COMPANY UTR	
ADDRESS TELEPHONE CONTACT	

THE FOLLOWING DETAILS ARE CORRECT AT THE TIME OF SIGNING

I/WE CONFIRM THAT WE HAVE LEGITIMATE SUBCONTRACTOR STATUS AND THE CONTRACT BETWEEN THE ABOVE NAMED AND ----- IS AS CONTRACTOR AND SUBCONTRACTOR.

ALL WORKS DONE HAVE BEEN QUOTED FOR AND AGREED PRIOR TO THE WORK STARTING AND THERE IS NO OBLIGATION BETWEEN THE CONTRACTOR AND THE SUBCONTRACTOR TO CONTINUE WORKING TOGETHER AFTER THE WORK CEASES.

ANY WORK THAT IS NOT CONSIDERED TO BE OF THE NECESSARY HIGH STANDARDS EXPECTED WILL BE CORRECTED AT A COST TO THE SUBCONTRACTOR.

Signed.....

Date.....