

Contractors' Forms – Major Works Principal Contract

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[Insert your company details here]
ABIC FORM MW-40 REQUEST FOR INFORMATION/INSTRUCTION/NOTICE
Project:
Project no:
Date issued:
To the architect:
In accordance with clause number, please provide an instruction/information/notice [delete where not applicable] to resolve the following matter [insert details here]:
(signature)
Contractor
Distribution: Original: Architect Copies: File Other

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[Insert your company o	details here]				
ABIC FORM MW-					
Project:			Clair	m notice no:	
Project no:					
Date issued:					
To the architect:					
You are notified of brief description of th		ake a claim in a	ccordance wit	h clause	, [insert a
	Contractor	(signature)			
Distribution: Origina	II: Architect	Copies:	File	Other	 MW-41

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[Insert your company details here]	
ABIC FORM MW-42 DETAILS OF CLAIM	
Project:	Claim notice no:
Project no:	
Date issued:	
To the architect:	
Contractor	(signature)
Distribution: Original: Architect	Copies: File Other

You must notify your intention to make a claim promptly after becoming aware of the circumstances that will cause the claim. Details of your claim must be provided within a time agreed with the architect or in default 20 *working days. This form may be used for claims under clauses B2, E6, F7, F8, F9, G8, G10, G13, G16, H1, J4, J7, J8, J12, L1, L2, M8, M9, M11, N10, Q12 and Q16.

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[Insert your company details here]	
ABIC FORM MW-43 ADDITIONAL INFORMATION	
Project:	Claim notice no:
Project no:	
Date issued:	
To the architect:	
	ted for additional information regarding the following details are provided, [insert details of the
Contractor	(signature)
Distribution: Original: Architect	Copies: File Other
Note to contractor:	

As this additional information is required to assess your claim, comprehensive information should be provided. This form may be used under clauses B3, E10, F7, F8, F9, G8, G10, G13, G16, H3.3, J4, J7, J8, J11, L1, L2, M7, M8, M10, N9, N11.3 and Q12 in conjunction with clause H2.

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[Insert your company details here]
ABIC FORM MW-44 SECURITY – PROVIDING BANK GUARANTEES
Project:
Project no:
Date issued:
*To the architect:
In accordance with clause C3 , security in the form of two equal unconditional guarantees is attached.
(signature) (signature)
Contractor Owner
Distribution: Original: Architect Copies: File Other

The unconditional guarantees must be provided with 10 *working days of the contract being executed. Furthermore, the first progress payment will not be paid until the owner has possession of them. Where the project is divided into separable parts, two equal unconditional guarantees must be provided for each separable part. Schedule 5 provides a pro forma unconditional guarantee document.

ABIC FORM MW-45			
EVIDENCE OF INSURAN	ICES - CONTRACTOR	TO INSURF	
EVIDENCE OF INSORTIN	iolo continuation	TO INCORE	
Project:			
Tojecu			
Project no:			
Date issued:			
*To the owner:			
To the owner.			
have read the contract	t conditions in Sectio 1	n E regarding insurance ar	nd certify that:
		lace for which the premiur	5
are contractor has all	mounte poncy in p.		
		nts of the contract; and	•
• the insurance complie	es with the requireme	_	-
• the insurance complie	es with the requireme	nts of the contract; and	-
• the insurance complice • the insurance policy named works as the insured.	es with the requirement ames the contractor a	nts of the contract; and nd the owner and any oth	er person included in the
the insurance complicethe insurance policy n	es with the requireme	nts of the contract; and	-
• the insurance complice • the insurance policy named works as the insured.	es with the requirement ames the contractor a	nts of the contract; and nd the owner and any oth	er person included in the Signed and dated by insurer/broker
• the insurance complice the insurance policy neworks as the insured. Insurance type	es with the requirement ames the contractor a	nts of the contract; and nd the owner and any oth Details of insurance Cover \$	er person included in the Signed and dated by insurer/broker
• the insurance complice the insurance policy neworks as the insured. Insurance type	es with the requirement ames the contractor a	nts of the contract; and nd the owner and any oth Details of insurance Cover \$	er person included in the Signed and dated by insurer/broker —
• the insurance complice the insurance policy neworks as the insured. Insurance type	es with the requirement ames the contractor a	nts of the contract; and nd the owner and any oth Details of insurance Cover \$ Excess \$ Expiry date Cover \$	er person included in the Signed and dated by insurer/broker — — —
• the insurance complice • the insurance policy in works as the insured. Insurance type Public liability	es with the requirement ames the contractor a	Details of insurance Cover \$ Excess \$ Cover \$ Expiry date Excess \$ Excess \$	er person included in the Signed and dated by insurer/broker — — —
• the insurance complice • the insurance policy in works as the insured. Insurance type Public liability	es with the requirement ames the contractor a	Details of insurance Cover \$ Excess \$ Expiry date Excess \$ Expiry date	er person included in the Signed and dated by insurer/broker
• the insurance complice • the insurance policy in works as the insured. Insurance type Public liability Contract works Worker's compensation	es with the requirement ames the contractor a	Details of insurance Cover \$ Excess \$ Expiry date Excess \$ Exces	er person included in the Signed and dated by insurer/broker — — — — —
• the insurance complice • the insurance policy in works as the insured. Insurance type Public liability Contract works	es with the requirement ames the contractor a	Details of insurance Cover \$ Excess \$ Expiry date Excess \$ Expiry date Cover \$ Excess \$ Expiry date Excess \$ Expiry date Cover \$ Excess \$ Expiry date Cover \$ Excess \$ Expiry date	er person included in the Signed and dated by insurer/broker
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• the insurance complice • the insurance policy in works as the insured. Insurance type Public liability Contract works Worker's compensation and employer's liability Common law damages (if	es with the requirement ames the contractor a	Details of insurance Cover \$ Excess \$ Expiry date Excess \$ Expiry date Cover \$ Excess \$ Expiry date	er person included in the Signed and dated by insurer/broker
• the insurance complice • the insurance policy in works as the insured. Insurance type Public liability Contract works Worker's compensation and employer's liability	es with the requirement ames the contractor a	Details of insurance Cover \$ Excess \$ Excess \$ Excess \$ Expiry date Cover \$ Expiry date Expiry date Expiry date Expiry date Excess \$ Expiry date Excess \$ Expiry date	er person included in the Signed and dated by insurer/broker

MW-45

[Insert your company details here]
ABIC FORM MW-46 PROGRAM
Project:
Project no:
Date issued:
To the architect:
In accordance with clause G5, a program with respect to the works is attached [insert details or attach relevant documents].OR
In accordance with clause G6 , the updated program dated is attached [insert details or attach relevant documents].
The times laid down in the previous program have been affected as follows: [insert details of changes to time]
(signature) Contractor
Distribution: Original: Architect Copies: File Other Note to contractor: Other
The program must include:

<sup>commencement and completion dates of major stages
the date for *practical completion
the start and completion date for all major trades</sup>

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[Insert your company details here]		
ABIC FORM MW-47 NOTICE TO ARCHITECT – *WORKS OR SEPARABLE PART AT *PRACTICAL COMPLETION		
Project:		
Project no:		
Date issued:		
To the architect:		
In accordance with clause M3/clause M10 [delete where not applicable], you are notified that the following *works/separable part of the *works [delete where not applicable] will reach *practical completion on [insert the date here].		
[Describe the *works/separable part of the *works here]		
(signature) Contractor		
Distribution: Original: Architect Copies: File Other		

[Insert your	company	details	here]
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ABIC FORM MW-48	
PROGRESS CLAIM – SUMMARY SHEET	
Project: Claim no:	
Project no:	
Date issued:	
To the architect:	
In accordance with the terms of the contract:	
 A. Original *cost of building work: B. Total adjustments to the *cost of building work to date (refer attached schedules): 	\$0.00 \$0.00
C. Current adjusted *cost of building work A + B :	\$0.00
D. Plus*GST:	\$0.00
E. Current adjusted *contract price C+D:	\$0.00
1. Total *cost of building work completed to date in accordance with clause N3.2:	\$0.00
2. Plus * <i>GST</i> :	\$0.00
3. Subtotal 1 + 2:	\$0.00
4. Total amount certified at item 9 in all previous certificates (if applicable):	\$0.00
5. Amount claimed as due and owing to the contractor (inc *GST) is 3–4:	\$0.00
6. Value of *necessary work completed (excluding *GST):	\$0.00
7. Value of materials and equipment delivered to the site for incorporation in the *works, for which title has passed to the contractor, (excluding *GST):	\$0.00
8. Value of *off-site plant or material:	\$0.00
Substantiating details are attached.	
 I declare that all wages and other entitlements including building industry superannuation and long selevies have been paid to or on behalf of all employees, all monies due to subcontractors have been paid, all insurances required to be maintained are in force. 	service leave
(signature) Contractor	
Distribution: Original: Architect Copies: File Other .	

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FINAL	CLAIM - SUMMARY SHEET - CLAUSE N11	
Projec	t: Claim no:	
Projec	t no:	
Date is	ssued:	
To the	e architect:	
	ordance with the terms of the contract, I received notification of form MW-1 ction to submit the final claim) on	6 (the
A. (Original *cost of building work:	\$0.00
	Total adjustments to the *cost of building work:	\$0.00
	Final adjusted *cost of building work A + B : Plus *GST:	\$0.00 \$0.00
	Adjusted *contract price is C+D:	\$0.00
1. 7	Fotal *cost of building work completed:	\$0.00
	Plus *GST:	\$0.00
3.	Subtotal 1 + 2:	\$0.00
	Total of amounts certified as due and owing to the contractor at item 9 on all	\$0.00
	orogress certificates: Amount now claimed as due and owing to the contractor (inc *GST) is 3 – 4:	\$0.00
	Amount of *GST included in amount claimed	\$0.00
Substa	antiating details are attached.	
• The • I have instruction	are that *works have been completed in accordance with this contract; and ve rectified all *defects and finalised all incomplete *necessary work I became a ction from the architect or from my own observations during the defects liab ds, which has or have ended.	•

[Inser	t your company details here]
	FORM MW-50 NGE IN THE FORM OF SECURITY TO THE OWNER
Proje	ct:
Proje	ct no:
Date	issued:
To th	e architect:
In acc	cordance with clause C4 , we elect to change the form of security:
	from *unconditional guarantees to cash retention. We enclose our cheque for \$ being the current value of security and request the return of the *unconditional guarantees.
	OR from cash retention to *unconditional guarantees. The *unconditional guarantees in accordance with clause C3 are attached. Please provide a cheque for \$ being the current value of security.
	(signature) Contractor
Distrik	oution: Original: Architect Copies: File Other

If the contractor elects to change the form of security from cash retention to *unconditional guarantees, you must return the cash retention to the contractor when the unconditional guarantees have been provided, close the trust account and provide a bank statement to the contractor.

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[Insert your company details here]
ABIC FORM MW-51 EVIDENCE OF INSURANCE – OWNER TO INSURE
Project:
Project no:
Date issued:
To the architect:
In accordance with clause E6 , please provide the evidence that the following insurance has been effected:
Public liability insurance.
Contract works insurance.
Please provide copies of this insurance and certificates of currency.
(signature) Contractor
Distribution: Original: Architect Copies: File Other

If the owner is to insure under clause E1 or E2 and fails to provide evidence of these insurances you may take out the insurances. If you do, you are entitled to make a claim for the cost of the insurances and the procedures under clause H1 should be followed.

[Insert your company details here]
ABIC FORM MW-52 AMENDED PROGRAM
Project:
Project no:
Date issued:
To the architect:
In accordance with your instruction dated
OR In accordance with your instruction dated
(signature) Contractor Distribution: Original: Architect Copies: File Other

If you cannot comply with an instruction to amend the program you must give notice to the architect *promptly after receiving the instruction and if you intend to make a claim for an adjustment to the contract sum as a result of the architect's instruction to amend the program, clause G10, you must provide full details of your claim within 20 days after receiving the instruction unless a different date has been agreed.

[Insert your company details here]
ABIC FORM MW-53 NOTICE OF POSSESSION OF THE *WORKS OR A SEPARABLE PART OF THE *WORKS BEFORE *PRACTICAL COMPLETION
Project:
Project no:
Date issued:
To the architect and owner:
As the owner took possession of the *works/separable part of the *works [delete where not applicable] on
(signature) Contractor
Distribution: Original: Architect Copies: File Other
Note to contractor:

If the owner takes possession of the whole of the *works or a separate part of the *works before the issue of the notice of *practical completion, the whole of the *works or that part of the *works are to be treated as having reached *practical completion – from the date of occupancy.

Note to architect:

In these circumstances, you must issue the contractor and the owner with a notice of *practical completion of the *works or the separable part of the *works, as the case may require, within 5 *working days of receiving this notice, noting the date of occupancy as being the date of *practical completion.

MW-54	4
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[Insert your company details here]
ABIC FORM MW-54 SEPARATE CONTRACTOR – OBJECTION TO ENGAGEMENT AS A SUBCONTRACTOR
Project:
Project no:
Date issued:
Γο the architect:
In accordance with clause K3.3 , we object to engaging the particular person selected by the owner as a subcontractor for the following reasons [insert the name of the particular person and details of the cause for objection]:
(signature) Contractor
Distribution: Original: Architect Copies: File Other
Note to contractor:

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[Insert your company details here]
ABIC FORM MW-55 CONTRACTOR'S NOTICE
Project:
Project no:
Date issued:
To the architect/owner/authority:
In accordance with clause , you are notified as follows:
[insert details here]
(signature) Contractor
Distribution: Original: Architect Copies: File Other

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[Insert your company details here]				
ABIC FORM MW-56 NOTICE OF SUSPENSION/TERMINATION				
Project:				
Project no:				
Date issued:				
To the architect/owner:				
In accordance with clause Q12/Q13/Q14 , [delete where not applicable] you are notified that you have not complied with:				
[insert details of default here]				
As a result this contract is suspended/terminated [delete where not applicable].				
(signature) Contractor				
Distribution: Original: Architect Copies: File Other				
Note the control of				

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[Insert your company details here]					
ABIC FORM MW-57 NOTICE OF DISPUTE					
Project:	Notice no:				
Project no:					
Date issued:					
To the architect:					
	3, you are notified that we wish to dispute the ision/written assessment/failure to issue [delete where not applicable]:				
[insert details of default here]					
Contractor	(signature)				
Distribution: Original: Arc	hitect Copies: File Other				

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[Insert your company details here]					
ABIC FORM MW-58					
NOTICE OF DISPUTE – CLAUSE P2					
Project:	Notice no:				
Project no:					
Date issued:					
To the architect:					
In accordance with clause P2, you are notifie	d of a dispute in respect of:				
[insert details of dispute here]					
A representative is required to meet with us notice to make a bona fide attempt to resolve	within 5 *working days of the delivery of this dispute the dispute.				
	signature)				
Contractor					
Distribution: Original: Architect Copies	s:				

[Insert your comp	oany details	here]					
ABIC FORM NOTIFICATION		FFICIAL DOCU	JMENT				
Project:					Notice n	0:	
Project no:							
Date issued:							
To the architec	et:						
In accordance			notified that v				ument from
Please provide does/does not (ne *official do	ocument
A copy of the *	official doc	ument is attac	hed.				
			,	`			
	Cont	ractor	(signatur	e)			
Distribution: O	riginal:	Architect	Copies:		File	Other	
Note to contractor							

[Insert your company details here]					
ABIC FORM MW-60 NOTICE OF START OR END OF DELAY					
Project:	Notice no:				
Project no:					
Date issued:					
To the architect:					
In accordance with clause L3 , you are notified that a [insert date and time of beginning/end of the delay here] the contract works has ended [delete where not applications]	the contract works are delayed/the delay in				
The cause of the delay is as follows:					
It is estimated that [insert number of days] *	working days will be affected by the delay.				
(signature	2)				
Contractor	•				
Distribution: Original: Architect Copies:	File Other				

Notice must be given within 2 *working days of becoming aware of the start or end of a delay due to one of the causes in clause L1 or L2. Delays of less than 2 *working days may be notified in the same notice - see clause L3.2.