**Client Request Information Form (ME/NOHS/2/1-01/RF-1)**

**Project Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Details**

**Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Industry Class:\_\_\_\_\_\_\_\_**

**TIN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business License No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Details**

**Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type –**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ❒  | FORKLIFT |   | GARBAGE TRUCK |   | TANKER |
| ❒  | SIDE LIFTER |   | SELF LOADER TRUCK |   | GANTRY CRANE |
|   | TOW TRUCK |   | BULLDOZER |   | CONCRETE PLACING UNIT |
|   | CHERRY PICKER |   | ROLLER |   | BRIDGE CRANE |
|   | HIAB TRUCK |   | LOW BED TRUCK |   | LIFTING EQUIPMENT |
|   | CONCRETE PUMP TRUCK |   | GRADER |   | PRESSURE VESSEL |
|   | EXCAVATOR |   | LOADER |   | VEHICLE HOIST |
|   | TIP/DUMP TRUCK |   | CRANE |   | AIR COMPRESSOR |
|   | BACK LOADER TRUCK |   | BACKHOE |   | BOILER |
|   | GANTRY TRUCK |   | PLATFORM TRUCK |   | PASSANGER LIFT |
|   | SERVICE LIFT |   | GOODS LIFT |   | EXCALATOR |
|   | MOVING WORKWAYS |   | AMUSEMENT RIDES |   | WORK BOXES/CAGE |
|   | SCAFFOLDING |   | BUILDING MAINTENANCE UNIT |   | MAST CLIMBING WORK PLATFORM |
|   | OTHER |  |  |  |  |

**Plant Detail:** ……………………………………………………………………………………….

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**Development Details**

**Site Address of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lot No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**House No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit/Flat No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Receipt No |   |
| Receipt Date |   |
| File No |   |
| Inspector Responsible |   |
| Mode of Transport |   |
| Total hours |   |
| Debit Note No |   |
| Trust Fund Receipt No |   |