

## Melbourne Chevra Kadisha Cemeteries Trust

# Monumental Mason Registration Application

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Business Name:	
ABN:	
Address:	
Contact Name:	
Phone:	
Mobile:	
Email:	

I wish to apply for registration to install monuments.

I have attached:

Completed Contractor Insurance Declaration

Copies of Insurance Certificate of Currency

**P** Signed copy of MCKCT Site Requirements

(03) 9534 0208 115 - 119 Inkerman Street St. Kilda Victoria 3182



#### **Contractor Insurance Declaration**

Certificates of currency must be attached.

#### Public Liability (minimum \$20M)

Insurer:	Policy No:	
Expiry:		

#### **Workers Compensation**

Insurer:	Policy No:	
Expiry:		

### Professional Indemnity (where applicable)

Insurer:	Policy No:	
Expiry:		

Name:	
Position:	
Signed:	
Date:	