

CUSTOMER ORDER

FAX TO: +61-(0)2-9439 2738

	Unique Client Reference #:		
Name of Recruitment Agency: _			
Your Own Email Address:			
Agency Mailing Address:			
City:	State:	Postcode:	
Primary Client Contact Name:		Phone #:	
Email:	Client Sponsorship # (if approved) :		
		Agency Inc. A Cubao, Quezon City Metro Manila, Philippines rms of the FLB Master Employment Contract.	
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Job Role Required (incl. ASCO code if known)	Quantity Required	Est. Annual Salary Package (AUS\$) (including Superannuation and Allowances)	
Job Role Required (incl. ASCO code if known) 1.	Quantity Required	Est. Annual Salary Package (AUS\$)	
Job Role Required (incl. ASCO code if known) 1. 2.	Quantity Required	Est. Annual Salary Package (AUS\$)	
Job Role Required (incl. ASCO code if known) 1.	Quantity Required	Est. Annual Salary Package (AUS\$)	

Basic Terms and Conditions

Contract duration (1, 2, 3, or 4 yrs):				
Site of Employment (Region):				
Working Hours:				
Accommodation:				
Site allowance (if any):				
Roster cycle (if any):				
Probationary Period:				
Air Ticket: (paid by employer):				
Client Purchase Order Number:				
FLB Terms and Conditions				
Total Fixed Fee per deployed Worker 10% Payments are to be made within 7 days o	5 \	ng Allowances).		
First fee payment due on order placement per applicant 20%. Second fee payment due at Offer of Employment/Visa submission stage 30%. Balance of fee due on personnel arrival in Australia 50%				
If FLB Overseas is unable to secure a suitable person that is acceptable to the company within 10 days of the Deposit date then the deposit (less any fees paid by FLB to Government bodies) is completely refundable if requested by the client.				
FLB provide a 90 day guarantee on the suitability of the applicant supplied.				
FLB Bank details for direct deposit or EFT are as follows: Commonwealth Bank of Australia - Crows Nest Branch Account Name: FLB Overseas Australia Pty Ltd BSB Number: 062 - 151 Account Number: 1024 1348				
AUTHORISATION TO PROCEED:				
Agency				
Name of Authorised Representative:				
Signature:		Date:		
FLB Overseas (Australia)				
Name of Authorised Representative:				
Signature:		Date:		