INSTRUCTIONS TO MANAGING AGENT

The following information is required to assist us in providing you with a management service that is tailored to your specific requirements.

, , ,			
Property Address:			
Owners Name:			
Address:			
Mobile:	. Home:		
Work:	Email:		
Alternative Contact			
Name:	Relationship:		
Mobile:	Home:		
Work:	_ Email:		
Note: A contact other than the owners of the rental in the event of an emergency	property is ad	vised as an alte	ernative source of instruction
Please select a payment method			
Cheque Direct deposit			
Account Details			
Bank & Branch:			
BSB/Account Number: / Account Name:		_	
	aily		
Body Corporate	,		
Company:			
Contact Plan No:			
Note: If the body corporate has amended the Stand	lard Rules, a co	ppy of those rul	es must be provided to the
tenant in accordance with the provisions of the Sub	division Act		
Insurance			
Building Policy No: Landlords Insurance No: Public Liability Policy No:			
Note: We strongly suggest that the rental property of the level of cover is reviewed annually.	and its owner's	potential liabil	lity are fully covered and that
Arrange Gas Application Check: Please select	Yes or	No	
Arrange Landlord insurance: Please select	Yes or	No	
Arrange Smoke Alarms: Please select	Yes or	No	
Please select statement method:	Posted	Emailed	
I agree to indemnify you, as the managing agent fo accounts authorised in accordance with my instruct expenses incurred in accordance with my instruct	ctions. I also a	gree to fully re	eimburse any advertising
•	Signature	. J þ.	Date
I understand and accept the terms and conditions.	Signature		Date
	Signatur o		Date

Signature



Date