



## Application To Install Foxtel (Cable TV Services)

Please complete this application (three pages) to assist in prompt consideration of your request.

Until the application has been completed in FULL, returned, and all monies by non registered owners have been received we cannot process your request

Please ensure that you have reviewed the terms and conditions of this application before signing.

**Please NOTE:** The outcome of this application is subject to the Body Corporate By-Laws and a decision of the Body Corporate Committee

A charge of \$65.00 (incl. GST) per application is applicable to all non registered owners (e.g. tenant / prospective buyer). This money is payable prior to returning the application

BUILDING NAME .....

LOT Number .....

YOUR NAME.....

YOUR ADDRESS.....

.....

SUBURB.....STATE..... P/CODE.....

PHONE (required) ( )..... MOBILE (required).....

EMAIL (required).....

@.....

YOUR STATUS (required – please circle) Owner / Agent / Tenant / Other

If other please specify.....

**Payment Options (only applicable if you are not a registered owner):**

Cheque (made payable to the Stratamatt Pty Ltd)

Cash (paid in person at our office 678 Ipswich Road, Annerley Q 4103)

Direct Deposit – NAB / BSB 084 100 / Account 92 001 6232 (reference please use building name and lot number)

SPECIFICATIONS.....

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.....

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SIGNED:.....

DATED:.....

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Please attach relevant information in a separate document or in the space provided on page 2 of this form - a drawn diagram or attaching a photo of the proposed location of the dish (if applicable) or make it clear where any external cables are to be installed and any set course of where such cables will run.

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**OFFICE USE ONLY**

Date Received ...../...../20

Application Acknowledged ...../...../20

By-Laws Checked ...../...../20

Issued to the Committee ...../...../20 via Flying Min  CMTEE Mtg  General Mtg  Approval Granted Yes / No Filed...../...../20 Staff I.D .....



### *Application To Install Foxtel (Cable TV Services)*

*Please attach a photograph or draw a diagram of the proposed location of the service or hardware if applicable*

Large empty rectangular box for attaching a photograph or drawing a diagram.

**APPLICANT'S NAME:** .....

**LOT NUMBER:**.....

**Initial:** .....



*Terms and Conditions of Foxtel (Cable TV) Installation*

1. The Applicant (e.g. owner/tenant/prospective buyer/agent – the person whose name and signature is detailed on attached form) understands and acknowledges that all repairs and maintenance to the Foxtel dish / cabling and all associated fittings will be the sole responsibility to the person who is applying.
2. Any damage whatsoever that may occur to the common property or any surrounding lot due to the installation of the Foxtel dish / cabling will be the sole responsibility of the Applicant ((e.g. owner/tenant/prospective buyer/agent – the person whose name and signature is detailed on attached form) to rectify within seven (7) days.
3. The Applicant (e.g. owner/tenant/prospective buyer/agent – the person whose name and signature is detailed on attached form) acknowledges that the Foxtel dish / cabling will comply with all regulations as set by Local Government / Foxtel Supplier. Should a breach of the by-laws occur, the Applicant acknowledges that they may be requested to remove the Foxtel dish / cabling immediately
4. at the Applicants cost. The Applicant agrees to adhere to any request made by the Body Corporate.
5. The Applicant (e.g. owner/tenant/prospective buyer/agent – the person whose name and signature is detailed on attached form) is aware that the Body Corporate Insurance DOES NOT cover Foxtel dish / cabling and that they will be responsible for their own additional Insurance (if applicable).
6. The Applicant (e.g. owner/tenant/prospective buyer/agent – the person whose name and signature is detailed on attached form) agrees that all external fittings, wiring etc..., will be colour matched (if applicable) to that of the entire building and as such may need to seek approval from the Committee of the Body Corporate in this regard.

APPLICANT'S NAME:.....

SIGNED:.....

DATED:.....

*Please return your completed form with attached pictures / diagram to:*

**Email**

[bodycorp@matthewsrealestate.com.au](mailto:bodycorp@matthewsrealestate.com.au)

**Fax**

07 3848 0172

**Post**

P.O. Box 171 Annerley, Qld, 4103

**In person**

Shop 2 / 663 Ipswich Road, Annerley

*Thank You!*