

Request for a Body Corporate Disclosure Statement

• Please return the completed form and proof of payment to ensure prompt delivery of your Disclosure Statement.

| FEE & URGE | NCY (required – please select) | | | |
|---|--|---------------------|-------------------------|--|
| Standard (3-5 business days): \$156.50 incl. GST | | | | |
| NAME OF BO | DY CORPORATE & CTS | NO | | |
| LOT OWNER | S NAME | | | |
| LOT NO. & A | DDRESS | | | |
| SUBURB | | | | |
| PHONE (required) | | MC | MOBILE (required) | |
| EMAIL (required | η | | | |
| YOUR STATL | S (required – please select) | | | |
| Owner | Search Agent | Solicitor | Sales Agent | |
| Other (p | lease specify) | | | |
| PAYMENT M | ETHOD (please select) | | | |
| Cheque (made out to Stratamatt Pty Ltd) Cash (payable in person 678 lpswich Rd, Annerley QLD 4103) | | | | |
| Credit Card (via phone or in person) | | | | |
| Direct Deposit: Stratamatt Pty Ltd National Australia Bank BSB: 084 100 | | | | |
| _ | int: 92 001 6232 (reference) | please use building | name and lot number) | |
| DELIVERY MI | ETHOD (please select and fill in | n the details) | | |
| Email - Email Address | | | | |
| Fax - | Fax - Fax Number | | | |
| Post - | Post - Recipient Name & Postal Address | | | |
| | | | | |
| | | | | |
| SIGNEDDATED | | | | |
| OFFICE USE ONL | <u>Y</u> | | | |
| Date Received | Date Acknowledge | ed | Date Delivered Staff ID | |