

ACCESS DEVICE APPLICATION FORM

Applicant Details:



Date of Application:

Strata Plan Number:

Applicant Name(s):

Occupancy Type (Please Tick):

Owner Tenant

Apartment Number:

I have the Landlord's Approval (Tenanted Lots Only):

Yes No

Lot Number:

Full Property Address:

Mobile Phone Number:

Home Number:

Email Address:

Property Manager Name (Company):

Property Manager Contact Person:

Property Manager(Company):

Property Manager Contact Person:

Device Order Details:



Number of Keys Required:

Price of Keys (Per Key):

Number of Swipes Required:

Price of Swipes (Per Swipe):

Number of Remotes Required:

Price of Remotes (Per Remote):

Total Amount of Devices:

Total Price of Devices Ordered:

Payment Method (Please Tick):



Add to My Next Strata Levy:

Bank Cheque/Money Order:

Funds Transfer (EFT):

For Funds Transfers (EFT), Please Transfer to:

Account Name:

BSB:

Account Number:



ACCESS DEVICE APPLICATION FORM

Terms and Conditions:



By signing this 'Access Device Application Form', the Owner/Agent agrees and acknowledges that:

1. The device payment is non-refundable;
2. Payment must be made before devices are issued;
3. Photo ID must be provided upon request from the strata managing agent;
4. Only Owners and Agents are permitted to purchase devices;
5. Should the device become damaged, it is the responsibility of the applicant to replace the device, not the Owners Corporation;
6. The device must not be copied;
7. If the device is lost, the applicant must immediately inform the strata managing agent;
8. Should the applicant no longer require the device and/or move out of the scheme, the device must be returned to the strata managing agent immediately;
9. I will comply with the By-Laws for the scheme;
10. Swipes and remotes will be deactivated if they are not in the possession of the authorised resident.

Acknowledgement and Sign-Off:



I/we acknowledge that I have read/understand the terms, conditions and By-Laws for the Scheme. I/We will comply with the conditions imposed.

Name(s) of applicants:

Date of Signing this Document:

Signature of Applicant(s):

