

Lot Owners/Agents Signature: _

Liability limited by a scheme approved under Professional Standards Legislation 3/10 Railway St Liverpool NSW 2170 | Ph: (02) 9600 7000 1/1 Somerset Ave Narellan NSW 2567 | Ph: (02) 4610 5699 PO Box 142 Liverpool NSW 1871

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STRATA SCHEMES MANAGEMENT ACT

STRATA INTEREST NOTICE (Section 22) / TENANCY NOTICE (Section 258)

** Indicates Sections <u>must</u> be completed

To the Secretary, The Owners - Strata Plan:	** Lot (s) concerned: **
Address: c/- All Suburbs Strata Management, Shop 3/ 10-12 Railway Street Liverpool 2170	
Owner(s) Full Name(s):**	
(1) Owners Australian Residential Street Address:	
OWNERS CONTACT DETAILS:	
H: Wk: Mob	1: Mob 2:
Email(s):	
Communication Preferences: How would you like to receive information relating to your property?	
I/We authorise the Owners Corporation of the Strata Plan and its representatives (including the Agent according to its privacy policy) to use my personal information for the purposes of administering the strata plan, operating its business and deliver the following per my direction. I/We acknowledge that it is my/our responsibility as the lot owner (s) to advise the agent in writing of any change of email address and/ or mobile number as it occurs.	
DELIVERY: Please Choose One Option for each if via post	
Levy Reminders:	Correspondence, Meeting Notices & Minutes:
Email/Electronic (To <u>Owner</u>)	Email/Electronic (To <u>Owner</u>)
By Post	By Post
To Managing Real Estate Agent (By Email Yes / No) Please indicate	To Managing Real Estate Agent (By Email Yes / No) Please indicate
(2) Owners Address for Service of Notices (Eg: Meeting documents) (If different from (1) above)	
(3) Owners Address for Service of Levy Notices (If different from (1) above)	
(4) DIRECT DEBIT for Levy payments: □ 1/We consent to my email address/s being provided to DEFT for the	
purposes of receiving an invitation to set up the option of Direct Debit to pay my/ our strata levies.	
Email(s):	
Please note: You must provide your email address to rec	eive the DIRECT DEBIT INVITATION
IS YOUR UNIT RENTED YES NO IF YES PLEASE ALSO COMPLETE THE FOLLOWING:	
(5) Tenant Information	
Contact Nos: H: Wk:	
Email:	
Lease Commencement Date:I	, , ,
(6) Managing Agent Information	
Agent Name:	
** IMPORTANT NOTE ** Real Estate Agents receiving le email account in which to receive documents and not one	vy notices and other correspondence should nominate a central especific property manager.
Are you the: ☐ OWNER ☐ EXECUTOR ☐	SOLICITOR MORTGAGEE IN POSSESSION

_____ Dated: ___