

## Owners Corporation Strata Plan 64606

### Commercial Resident Details Form

#### Main Details

Suite /Tenancy No.	▶ _____	Move In Date	▶ ____ / ____ / 20 ____
Occupant Name	▶ _____	<input type="checkbox"/> Individual	<input type="checkbox"/> Organisation
Occupancy Status	▶ <input type="checkbox"/> Owner Occupier <input type="checkbox"/> Tenant <input type="checkbox"/> Sub-Lessee		

#### Primary Contact Person

Given Names	▶ _____	Surname	▶ _____
Work No.	▶ _____	Fax	▶ _____
Mobile	▶ _____	E-mail	▶ _____

#### Security Devices (White Plastic Cards or grey plastic fobs used for doors and lifts – if unreadable, please make note of this)

No. Devices	▶ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6					
Device 1 Number	▶ _____	Device 2 Number	▶ _____			
Device 3 Number	▶ _____	Device 4 Number	▶ _____			
Device 5 Number	▶ _____	Device 6 Number	▶ _____			

#### Lease Information (Tenants Only – please attach a copy of your tenancy agreement)

Leaser	▶ _____	Agent	▶ _____
Period of Lease	▶ _____ month(s)	Expiry Date	▶ ____ / ____ / 20 ____
Primary Contact	▶ _____	<input type="checkbox"/> Phone <input type="checkbox"/> Fax	E-mail ▶ _____

Signature of Primary Contact ▶ \_\_\_\_\_ Date ▶ \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_