17-23 Newland St BONDI JUNCTION NSW 2022 Mobile: 0488 282 850



WELCOME TO TREVILION

Dear Resident,

In order to assist with the efficient administration of Trevilion, we request that you complete the Resident Registration Form. The information requested is conditional upon the terms itemised below. We request that you fill in as many of the fields as possible.

Information Collected by the Owners Corporation:

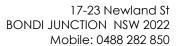
- 1. This information is being collected on behalf of The Owners Corporation for Trevilion. The Owners Corporation may engage Building Management and/ or Strata Management in the collection, maintenance and use of the information obtained.
- 2. This information may be provided to:
 - 2.1. the "Building Manager"
 - 2.2. the "Strata Managing Agent"
 - 2.3. Providers of emergency services under contract to the Owners Corporation.
- 3. If the information is not provided, the Owners Corporation may not be able to efficiently discharge its duties. This may affect essential maintenance in relation to water seepage, electrical failure, fire certification, power outage and lift breakdown etc. In some instances, an additional charge may be levied or cost incurred where you cannot be contacted or the information is not readily available. Resident records are also vital should an emergency evacuation be necessary.
- 4. Residents may request that the Owners Corporation deletes your personal information from its records at any time (except for security device information). The Owners Corporation will destroy information you request to be deleted or which the Owners Corporation reasonably believes to be out of date.
- 5. Residents or other external parties may not be able to be given access to information on others on the databases.

Please complete the attached form and submit to Building Management prior to moving in (via email or in person).

Thank you for your cooperation.

Kind Regards, Excel Building Management Pty Ltd







RESIDENT REGISTRATION FORM

MAIN DETAILS:						
Unit. No.:		OCCUPANCY TYPE: OWNER TENANT				
PRIMARY CONTACT No.:		□НОМЕ	□WORK	□МОВІ	LE	
PRIMARY RESIDENT 1:						
GIVEN NAME(S):		SURNAME:				
WORK TEL. NO:		FAX NO:				
MOBILE NO:		E-MAIL:				
PRIMARY RESIDENT 2:						
GIVEN NAME(S):		SURNAME:				
WORK TEL. NO:		FAX NO:				
MOBILE NO:		E-MAIL:				
Please supply additional info	ormation if more than 2 adu	ılts				
VEHICLE(S):						
MAKE:	MODEL:		REGO:		CAR SPACE	
MAKE:	MODEL:		REGO:		CAR SPACE	
PETS (REFER TO BY-LAWS	FOR CLARIFICATION):					
TYPE OF ANIMAL:		PET NAME:				
TYPE OF ANIMAL:		PET NAME:				
LEASE INFORMATION /TEN	ANTS ONLY					
LEASE INFORMATION (TEN) MANAGING AGENTS:	ANTS ONLT).	PHONE:	EMA	II ·		
AGENT CONTACT:		PHONE:	EMA			
LEASE COMMENCEMENT:				IL.		
LEASE COMMENCEMENT.		LEASE EXPIR	X I			
EMERGENCY CONTACT (no	t living in the apartment):					
NAME:	-	CONTACT NO	O:			
CONFIRMATION:						
SIGNATURE OF PRIMARY RESIDENT:			DAT	E:		

Please complete all fields of this document and submit to Building Management on the day you Move-In.

Note: If you are a Tenant, please provide a copy of the front pages (2) of your Lease with this document.



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