

# Resident Registration Form

Dear Resident,

Welcome

In order to assist with the efficient administration of the Building, 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 The Hume. 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 card 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will destroy information you request to be deleted or which the Owners Corporation reasonably believes to be out of date.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,  
Building Management

**RESIDENT REGISTRATION FORM**

**MAIN DETAILS**

APARTMENT NO: OCCUPANY TYPE: OWNER TENANT

PRIMARY CONTACT NO: HOME WORK MOBILE

**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:

**VEHICLES**

MAKE: MODEL: REGO:

MAKE: MODEL: REGO:

**PETS (KINDLY REFER TO BY-LAWS FOR CLARIFICATION)**

TYPE OF ANIMAL: PET NAME:

**LEASE INFORMATION (TENANTS ONLY)**

AGENT NAME: LEASE EXPIRY:

CONTACT NO: E-MAIL:

**MOBILITY IMPAIRMENT – NAME(S) OF RESIDENTS REQUIRING ASSISTANCE TO EXIT THE BUILDING IN AN EMERGENCY**

NAME: Special Assistance:

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**EMERGENCY CONTACT**

NAME: CONTACT NO:

**CONFIRMATION**

**SIGNATURE OF PRIMARY**

RESIDENT: DATE:

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 page of your Lease with this document.**