



NEW OWNER DETAILS

To ensure we have current contact details for you and your managing agent or tenant (if applicable), please complete and return this form at your earliest convenience. This request is consistent with the provisions of Section 35A of the Strata Titles Act 1985.

STRATA PROPERTY ADDRESS: (Including Lot No./Unit No.) _____ _____	
NEW OWNER(S) NAME: (As it appears on Certificate of Title:) _____ _____	
OWNER(S) RESIDENTIAL ADDRESS: _____ _____	
OWNER(S) POSTAL ADDRESS: (If different from above) _____ _____	
✓ TICK BOX IF YOU WISH TO RECEIVE LEVY INVOICES BY EMAIL <input type="checkbox"/>	
1. OWNER	2. OWNER
NAME:	NAME:
EMAIL:	EMAIL:
PHONE:	PHONE:
MOBILE:	MOBILE:
NAME OF CONTACT PERSON IF OWNER IS A COMPANY: _____	
CONTACT PHONE NUMBER: _____	
COMPANY ABN: (If applicable) _____	
NAME OF PROPERTY MANAGER (If not owner occupied):	
AGENCY ADDRESS: _____	
AGENCY EMAIL: _____	
AGENCY PHONE NUMBER: _____	

Please return the completed form
BY EMAIL: strata@chambersfranklyn.com.au
OR BY POST: PO Box 210 Karrinyup WA 6921