

| SALE INSTRUCTIONS | |
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| Sale Type: | <input type="checkbox"/> Private Sale <input type="checkbox"/> Auction – Date of Auction: |
| Full Name of Registered Proprietor: | Yanner MD Law Pty Ltd ACN 608 375 739 |
| Is the property owned by a Trust Fund | <input type="checkbox"/> No <input type="checkbox"/> Yes Trust Name: |
| Current Address: | |
| Ph: | |
| Mobile: | |
| Email address: | |
| Date of Birth: | |
| Address of Property being sold: | |
| Certificate of Title: | |
| Additional titles (eg Storage Area, Car Park): | |
| Who holds Certificate of Title: | Name: Address: Contact: Phone: |
| Is there a Mortgage over the Property: | Lender: Branch: Address: Contact: Phone: Loan Account No: |
| Type of Property: | <input type="checkbox"/> Vacant Land <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Rural <input type="checkbox"/> Commercial <input type="checkbox"/> Other |
| Restrictions? | <input type="checkbox"/> No <input type="checkbox"/> Yes..... |
| Are you registered or entitled to be registered for GST | <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Accountant: |
| Will GST apply to this sale? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be using the Margin Scheme? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Is the property Leased / Rented: | Please forward a copy of the Lease / Rental Agreement and provide agent details: Name: Address: Contact: Phone:..... |
| Is Land Tax payable on the property | <input type="checkbox"/> No <input type="checkbox"/> Yes - \$..... |
| Outgoings - please complete or forward copies of your rate notices: | Council: Amount of Council Rates: \$..... Water Authority: Amount of Service charges: \$..... plus water usage Owners Corporation: Amount of Owners Corporation fees: \$..... |
| Owners Corporation Details: | <input type="checkbox"/> No <input type="checkbox"/> Yes Name: Address: Contact: Phone: |
| Services Connected and Name of Authority: | <input type="checkbox"/> Gas – Authority: <input type="checkbox"/> Electricity – Authority: <input type="checkbox"/> Telephone – Authority: <input type="checkbox"/> Water – Authority: <input type="checkbox"/> Sewerage – Authority: |
| Building Information | Permits granted last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply copy Permit, Certificate of Occupancy, Final Inspections, Builder's Warranty Insurance |
| If yes:- | Owner Builders? <input type="checkbox"/> Yes <input type="checkbox"/> No Need copy Permit, Certificate of Occupancy, Final Inspections. |
| If Owner Builder: | Require Inspection Report Insurance |
| Have any alterations or additions been carried out at the property by you or a previous owner. (e.g. extension, pergola or shed) | <input type="checkbox"/> Yes – Provide details <input type="checkbox"/> No |
| Have you received any Orders or Notices relating to the property eg: footpaths, fencing etc | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a Swimming Pool or outdoor spa: | <input type="checkbox"/> Yes – Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No |
| Are Smoke Alarms installed: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the property registered under the Heritage Act: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Chattels being sold with property: | <input type="checkbox"/> Light Fittings <input type="checkbox"/> Dishwasher <input type="checkbox"/> Internal Window Coverings <input type="checkbox"/> External Window Coverings <input type="checkbox"/> Floor Coverings <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Other – Please list: |
| REAL ESTATE AGENT | Name: Address: |
| SURPLUS FUNDS ACCOUNT NO: | |

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| Signed by | |
| | |
| Date: | |