

SALE INSTRUCTIONS	
Sale Type:	<input type="checkbox"/> Private Sale <input type="checkbox"/> Auction – Date of Auction:
Full Name of Registered Proprietor:	
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"/> Home or <input type="checkbox"/> Investment <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	
Is the property Leased / Rented: <i>Please forward a copy of the Lease / Rental Agreement and provide agent details:</i>	Name: Address: Contact: Phone:	
Is Land Tax payable on the property	<input type="checkbox"/> No <input type="checkbox"/> Yes - \$.....	
Rating Authorities	Council: Water Authority:	
Owners Corporation Details:	<input type="checkbox"/> No <input type="checkbox"/> Yes Manager: Address: Contact: Phone:	
Please tick the Services Connected <i>ie current account</i>	<input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Telephone	<input type="checkbox"/> Water <input type="checkbox"/> Sewerage or <input type="checkbox"/> Septic
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"/> No <input type="checkbox"/> Yes Is it registered with Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a barrier inspection been completed by a registered building surveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been issued with a certificate of compliance? <input type="checkbox"/> Yes <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	

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:	BSB: ACC:	
Future <i>postal</i> address for correspondence		
Signed by		
Date:		