

Titles Strata Management Pty Ltd

A.C.N. 001 111 931

Strata Management Specialists

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Telephone: 9819 7438

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PLEASE PROVIDE DETAILS AS REQUESTED BELOW

STRATA PLAN _____

LOT _____

UNIT _____

Full Name/s of all registered owners

Title..... Surname..... Other Names.....

Title..... Surname..... Other Names.....

Title..... Surname..... Other Names.....

Contact Details

Home

Work

Mobile

Fax

Email.....

Residential Address

Postal Address (if different)

.....

.....

.....

.....

Agents Details

Tenants Details

Agency Name

Tenants Name

Work

Mobile

Fax

Home

Mobile

Commencement of lease.....

Email.....

Expiry of lease.....

Accounts / Levy Notices to be sent to

Owner

Agent

Correspondence to be sent to

Owner

Agent

Sign:

Date:

PLEASE RETURN THIS FORM TO OUR OFFICE

BY FAX / MAIL / EMAIL AT YOUR EARLIEST CONVENIENCE