

**SAS PROPERTY MANAGERS**

**EMAIL: sas@winshop.com.au PH: 07 55648105 - Address: 132 Ashmore Rd Benowa Qld 4217**

**RESIDENTIAL TENANCY APPLICATION FORM**

PROPOSED PROPERTY ADDRESS: \_\_\_\_\_ RENT P/WI \$ \_\_\_\_\_

LENGTH OF TENANCY:  6 MONTHS  12 MONTHS  OTHER: \_\_\_\_\_ COMMENCING: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

FAMILY/LAST NAME: \_\_\_\_\_ PREVIOUS FAMILY/LAST NAME (IF APPLICABLE): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ 18+ CARD No.: \_\_\_\_\_

DRIVERS LICENSE No.: \_\_\_\_\_ STATE: \_\_\_\_\_ VEHICLE REGO. No.: \_\_\_\_\_ STATE: \_\_\_\_\_

NO. OF CARS/BIKES TO BE PARK ON PREMISE: \_\_\_\_\_ CAR/S  BIKE'S

MAKE, MODEL AND COLOUR: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE No.: \_\_\_\_\_ WORK No.: \_\_\_\_\_

MOBILE No.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ MEDICARE No.: \_\_\_\_\_

ARE YOU OR ANY OF THE DEPENDENTS RESIDING WITH YOU, SMOKERS?  YES  NO

**THE PROPERTIES MANAGED BY THIS OFFICE MAY BE PROTECTED BY THE  
BARCLAY MIS PROTECT & PROTECT PLAN.**

RENT @ \$ \_\_\_\_\_, PAYABLE \_\_\_\_\_ FOR A TERM OF \_\_\_\_\_ MONTHS, COMMENCING \_\_\_\_\_

PAYMENT DETAILS: RENT (2 WEEKS IN ADVANCE) FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_.

BOND (EQUIVALENT TO NO LESS THAN 4 WEEKS RENT) \$ \_\_\_\_\_.

TOTAL AMOUNT PAYABLE ON OR BEFORE \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_.

**NB: WEEKLY RENT REPRESENTS \_\_\_\_\_ % OF TOTAL INCOME.**

**BEFORE ANY APPLICATION WILL BE CONSIDERED, YOU MUST ACHIEVE A MINIMUM OF 100 POINTS**

TYPE OF I.D.	NO. OF POINTS	COPY ATTACHED
COPY OF RATES NOTICE (IF OWNED PROPERTY) OR RENT LEDGER FROM CURRENT MANAGING AGENT *MUST SUPPLY ONE	50	<input type="checkbox"/> POINTS VALUE _____
DRIVERS LICENSE	40	<input type="checkbox"/> POINTS VALUE _____
PHOTO I.D. (18+ CARD)	30	<input type="checkbox"/> POINTS VALUE _____
PASSPORT	30	<input type="checkbox"/> POINTS VALUE _____
CURRENT CAR/BIKE REGISTRATION PAPERS	10	<input type="checkbox"/> POINTS VALUE _____
COPY OF PHONE, ELECTRICITY AND/OR GAS ACCOUNTS	10 EACH	<input type="checkbox"/> POINTS VALUE _____
MEDICARE CARD	10	<input type="checkbox"/> POINTS VALUE _____
PROOF OF INCOME - IF EMPLOYED LAST 2 X PAYSLEIPS. IF SELF-EMPLOYED BANKS STATEMENT; ACCOUNTANTS DETAILS; TAX RETURN FOR PREVIOUS YEAR. IF UNEMPLOYED OR ON BENEFITS COPY OF CURRENT CENTERLINK STATEMENT AND HEALTH CARE CARD. *MUST SUPPLY		<input type="checkbox"/> RELEVANT COPIES OF DOCUMENTATION ATTACHED.

**EMPLOYMENT DETAILS**

IF YOU ARE EMPLOYED ARE YOU FULL TIME  PART TIME  CASUAL  CONTRACT

COMPANY NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW LONG HAVE YOU WORKED THERE: \_\_\_\_\_ NETT WEEKLY INCOME (EXCL. OVER TIME): \$ \_\_\_\_\_

IF EMPLOYED LESS THAN 6 MONTHS PLEASE PROVIDE PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

**IF YOU ARE SELF-EMPLOYED**

REGISTERED NAME OF BUSINESS: \_\_\_\_\_ ABN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PERSONAL NETT INCOME P/WEEK: \$ \_\_\_\_\_

NAME OF ACCOUNTANT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LENGTH OF TIME IN BUSINESS: \_\_\_\_\_ LIST ONE MAJOR CREDITOR: \_\_\_\_\_

IF YOU ARE A STUDENT ARE YOU  FULL TIME  PART TIME

ARE YOU AN OVERSEAS STUDENT  YES  NO IF YES VISA EXPIRY DATE IS : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME OF LEARNING INSTITUTION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

STUDENT UNION NUMBER: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_

INCOME SOURCE: \_\_\_\_\_ CONTACT: \_\_\_\_\_ NETT WKL INCOME: \_\_\_\_\_

IF YOU RECEIVE A CENTERLINK PAYMENT TOTAL AMOUNT RECEIVED WEEKLY (TOTAL PAYMENTS): \$ \_\_\_\_\_

TYPE OF PAYMENT: \_\_\_\_\_ GRN NUMBER: \_\_\_\_\_ COPY OF CARD ATTACHED

**YOUR RENTAL HISTORY**

CURRENT AGENT/LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF RENTED PROPERTY: \_\_\_\_\_ DATE VACATED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RENT PER WEEK: \$ \_\_\_\_\_ PERIOD OF TENANCY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

WAS THE BOND REFUNDED IN FULL  YES  NO IF NO WHY: \_\_\_\_\_

PREVIOUS AGENT/LANDLORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF RENTED PROPERTY: \_\_\_\_\_ DATE VACATED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RENT PER WEEK: \$ \_\_\_\_\_ PERIOD OF TENANCY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

WAS THE BOND REFUNDED IN FULL  YES  NO IF NO WHY: \_\_\_\_\_

**EMERGENCY CONTACT (NOT RESIDING WITH YOU)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCES**

PLEASE COMPLETE ALL 5 REFERENCES REQUESTED BELOW, PLEASE DO NOT USE THE SAME CONTACT TWICE AND DO NOT USE THE SAME PERSON AS YOUR EMERGENCY CONTACT. YOUR 5 REFERENCES SHOULD INCLUDE, PARENT OR GUARDIAN, FAMILY MEMBERS NOT LIVING WITH YOU, PERSONAL FRIENDS (MUST BE AUSTRALIAN RESIDENTS) AND IF SELF EMPLOYED AT LEAST ONE ESTABLISHED TRADE OR BUSINESS REFERENCE.

- 1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ KNOWN FOR: \_\_\_\_\_ YEARS/MONTHS  
HM PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
  
- 2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ KNOWN FOR: \_\_\_\_\_ YEARS/MONTHS  
HM PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
  
- 3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ KNOWN FOR: \_\_\_\_\_ YEARS/MONTHS  
HM PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
  
- 4. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ KNOWN FOR: \_\_\_\_\_ YEARS/MONTHS  
HM PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
  
- 5. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ KNOWN FOR: \_\_\_\_\_ YEARS/MONTHS  
HM PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

WILL DEPENDENTS RESIDE AT THE PROPERTY?  YES  NO IF YES HOW MANY: \_\_\_\_\_  
PLEASE LIST THEIR NAMES AND AGES: \_\_\_\_\_

WILL THERE BE ANY OTHER PERSONS LIVING AT THE PROPERTY?  YES  NO  
IF YES WHO: \_\_\_\_\_

HAVE THEY COMPLETED A TENANCY APPLICATION FORM?  YES  NO  
IF NO WHY? \_\_\_\_\_

DO YOU HAVE ANY PETS?  YES  NO - IF YES HOW MANY AND WHAT TYPE: \_\_\_\_\_

IF YOU INTEND TO HAVE PETS RESIDING AT THE PROPERTY PLEASE COMPLETE A SEPARATE PET APPLICATION FORM AND ATTACH HEREWITH.

DO YOU OWN A LAWNMOWER?  YES  NO IF NO HOW DO YOU INTEND TO CARE FOR THE LAWNS? \_\_\_\_\_

## DISCLAIMER / AUTHORITY

I, THE SAID APPLICANT, DO SOLEMNLY AND SINCERELY DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL OF THE INFORMATION WAS GIVEN OF MY OWN FREE WILL. I FURTHER CONSENT TO THE LESSOR/AGENT CONTACTING AND /OR CONDUCTING ANY ENQUIRIES AND/OR SEARCHES WITH REGARD TO THE INFORMATION AND REFERENCES SUPPLIES IN THIS APPLICATION.

I, THE SAID APPLICANT, DO SOLEMNLY AND SINCERELY DECLARE THAT I AM OVER 18 YEARS OF AGE AND HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND HAVE THE COMPETENCE AND CAPACITY TO ENTER INTO THIS AGREEMENT. I FURTHER DECLARE THAT I HAVE INSPECTED THE PROPERTY LOCATED AT \_\_\_\_\_.

1. I HAVE, OF MY OWN ACCORD, DECIDED THAT I WISH TO RENT THE AFOREMENTIONED PROPERTY COMMENCING \_\_\_\_/\_\_\_\_/\_\_\_\_ FOR A PERIOD OF \_\_\_\_ MONTHS.
2. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE RENTAL FOR THE SAID PROPERTY IS TO BE \$\_\_\_\_\_ PER WEEK AND IS WITHIN MY MEANS.
3. (i) I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE RENTAL FOR THE SAID PROPERTY IS TO BE PAID EVERY \_\_\_\_\_ AND IS TO BE PAID BY THE DUE DATE AT ALL TIMES.  
(ii) I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE LESSOR/AGENT WILL CARRY OUT AN INSPECTION ON THE PROPERTY ON A \_\_\_\_\_ BASIS AND I FURTHER WARRANT THAT I WILL COOPERATE FULLY TO ALLOW THIS INSPECTION TO BE CARRIED OUT.
4. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT THE ACCEPTANCE OF MY APPLICATION IS SUBJECT TO A SATISFACTORY REPORT BEING OBTAINED FROM INFORMATION SUPPLIED ON THE FULLY COMPLETED TENANCY APPLICATION SUBMITTED BY ME. I FURTHER CONSENT TO THE AGENT CARRYING OUT ANY ENQUIRIES NECESSARY TO PROCESS MY APPLICATION FOR TENANCY.
5. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT SHOULD THE LANDLORD BE PUT TO ANY EXPENSE OR EXPEND ANY MONEYS DURING THE CURRENCY OF THE TENANCY AGREEMENT OR AT THE EXPIRATION OF THE TENANCY AGREEMENT AS A CONSEQUENCE OF A BREACH BY ME IN THE PERFORMANCE AND OBSERVANCE OF MY OBLIGATIONS UNDER THE TENANCY AGREEMENT (INCLUDING BUT NOT LIMITED TO : EVICTIONS, PAYMENT OF RENT, MAINTENANCE OF THE PREMISES, MAKING GOOD ANY DAMAGE TO THE PREMISES), THAT ALL AND ANY SUCH MONEYS EXPENDED BY THE LANDLORD SHALL BE RECOVERABLE FROM ME AND PAYABLE BY ME, INCLUDING, BUT NOT LIMITED TO, LEGAL FEES, MERCANTILE AGENTS FEES, ACCOUNTANTS FEES, ETC..
6. I FURTHER CONSENT TO THE AGENT DISCLOSING ALL PERSONAL INFORMATION THAT THEY MAY HOLD FOR THE PURPOSE OF:
  - LISTING MY NAME WITH A DATABASE AS A RESULT OF A TRIBUNAL ORDER
  - ENFORCING A TRIBUNAL ORDER
  - COMMENCING RECOVERY ACTION IN RELATION TO ANY DEBT OWED AS A RESULT OF OUTSTANDING RENT, REPAIRS AND/OR DAMAGE THAT OCCURRED OR OCCURS DURING MY PERIOD OF TENANCY.
7. I HAVE BEEN INFORMED AND UNDERSTAND THAT THIS PROPERTY MAY BE COVERED BY THE BARCLAY MIS PROTECT & COLLECT PLAN AND IN THIS CASE, I FURTHER CONSENT TO THE AGENT SUPPLYING MY PERSONAL INFORMATION TO BARCLAY MIS PROTECT & COLLECT PTY LTD.
8. I HAVE BEEN INFORMED, UNDERSTAND AND AGREE THAT SHOULD THIS APPLICATION NOT BE ACCEPTED, THE AGENT IS NOT REQUIRED OR OBLIGED TO DISCLOSE WHY OR SUPPLY ANY REASON FOR THE REJECTION OF THIS APPLICATION UNLESS THE APPLICATION IS DECLINED AS A RESULT OF MY NAME BEING LISTED WITH A TENANCY DATA BASE.
9. I HAVE BEEN INFORMED, UNDERSTAND AND CONSENT TO THE AGENT SUPPLYING ALL NECESSARY INFORMATION, AS MAY BE REQUIRED, TO ANY TENANCY DATA BASE/S THAT THEY USE, SUBJECT TO THE TENANCY DATA BASE/S COMPLYING WITH THE PROVISIONS OF THE PRIVACY ACT. FURTHER MORE I HAVE READ, UNDERSTAND AND ACCEPT THE AGENTS PRIVACY STATEMENT.
10. I HAVE BEEN INFORMED, UNDERSTAND AND ACKNOWLEDGE THAT THE AGENT HAS THE CONTACT DETAILS FOR THE TENANCY DATA BASE/S THEY USE AND THAT THE AGENT WILL SUPPLY THESE CONTACTS SHOULD I REQUEST THEM.

\* PLEASE INITIAL CLAUSES 5 & 6

APPLICANTS FULL NAME: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# RENTAL REFERENCE CHECK

IN ACCORDANCE WITH THE PRIVACY ACT, I THE UNDERSIGNED AUTHORISE THE RECIPIENT OF THIS FORM TO GIVE INFORMATION TO \_\_\_\_\_, REGARDING MY RENTAL HISTORY.

I FURTHER UNDERSTAND THIS INFORMATION WILL BE USED TO ASSESS MY APPLICATION FOR TENANCY.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN WITH YOUR TENANCY APPLICATION FORM:-

APPLICANTS NAME: \_\_\_\_\_  
PROPERTY APPLIED FOR: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_  
PERIOD OF TENANCY: \_\_\_\_\_ RENT PAID PER WEEK: \$ \_\_\_\_\_ NO. OF OCCUPANTS: \_\_\_\_\_  
CURRENT AGENT/LANDLORD: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
AGENT/LANDLORD PHONE: \_\_\_\_\_ AGENT/LANDLORD FAX: \_\_\_\_\_  
MANAGING AGENT EMAIL ADDRESS: \_\_\_\_\_

IN ORDER FOR US TO PROCESS YOUR APPLICATION WE WILL FAX THIS TO YOUR CURRENT MANAGING AGENT/LANDLORD FOR A REFERENCE CHECK.

PLEASE **DO NOT** COMPLETE THE SECTION BELOW, THIS WILL BE COMPLETED BY YOUR CURRENT MANAGING AGENT/LANDLORD.

DEAR AGENT/LANDLORD, PLEASE COMPLETE THE FORM BELOW AND RETURN TO OUR OFFICE TOGETHER WITH A COPY OF THE RENT LEDGER, VIA EMAIL OR FAX. THANK YOU IN ADVANCE FOR YOUR ASSISTANCE.

NAME & POSITION OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

LENGTH OF TENANCY: \_\_\_\_\_ RENT PER WEEK: \$ \_\_\_\_\_ BOND HELD: \$ \_\_\_\_\_

WAS RENT PAID ON TIME:  YES  NO IF NO DO YOU KNOW WHY? \_\_\_\_\_

WERE INSPECTIONS CARRIED OUT:  YES  NO DETAILS: \_\_\_\_\_

WERE THERE ANY PROBLEMS GAINING ACCESS:  YES  NO DETAILS: \_\_\_\_\_

RESULTS OF INSPECTIONS: \_\_\_\_\_

WHERE LAWNS AND GARDENS MAINTAINED: \_\_\_\_\_

DID THE TENANT HAVE PETS  YES  NO IF YES TYPE/NUMBER: \_\_\_\_\_

ANY DAMAGE CAUSED BY PETS: \_\_\_\_\_

WERE THE TENANTS CONSIDERATE OF NEIGHBOURS: \_\_\_\_\_

WERE ANY BREACH NOTICES ISSUED:  YES  NO TYPE: \_\_\_\_\_

REASON FOR LEAVING (IF KNOWN): \_\_\_\_\_

WAS THE BOND BE REFUNDED IN FULL:  YES  NO REASON: \_\_\_\_\_

WOULD YOU RENT TO THIS TENANT AGAIN:  YES  NO REASON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Pet Application & Agreement Form – SAS Property Managers**

Property Address: \_\_\_\_\_

Tenants Name/s: \_\_\_\_\_

<u>Pet/s Details</u>		
Type of pet/s	#1: _____	#2: _____
Name/s	#1: _____	#2: _____
Age	#1: _____	#2: _____
Desexed	#1: YES / NO	#2: YES / NO
Council Reg#	#1: _____	#2: _____
Description	#1: _____	#2: _____
Photo/s Provided	#1: YES / NO	#2: YES / NO

**Terms and Conditions**

The tenant/s acknowledges and agrees to the following terms:

The lessor has agreed to permit pet/s at the premises as specified in this pet agreement.

- 1: Any pet other than the approved pet/s specified in this pet agreement must first be requested by tenant/s in writing giving full details and then must be complied with. Approval is not guaranteed.
- 2: The tenant shall be liable for any damages or injuries whatsoever caused by the pets on the property, whether they are the pet of a tenant or guest, tenants pets or their guests pets and regardless of their approval status.
- 3: The tenant accepts full responsibility and indemnifies the lessor for any claims by or injuries to their parties or their property caused by, or as a result of actions by their pet/s or their guests pet/s, and regardless of their approval status.
- 4: The tenant agrees to arrange for a flea fumigation at the end of the tenancy or at the time during the tenancy as required or requested by the lessor / lessors agent to be carried out by a company complying with Australian standards – internally and externally
- 5: The pets are to be outside at **all times**
- 6: The tenant warrants in respect of any pet that will be kept of the premises that  
(a) It has never exhibited any vicious propensities; (b) It will be kept properly enclosed and supervised; (c) it will be registered with the local authority; (d) If it does exhibit any vicious propensities that it will be immediately removed from the premises.
- 7: By signing below you are understanding and agreement to the terms and conditions written above.

Applicant Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

SAS Property Managers Signature: \_\_\_\_\_



MAKES MOVING EASY



Address: 132 Ashmore Road, Benowa

Phone: 07 5564 8105

Fax: 07 5597 7655

Email: email@saspropertygroup.com.au

Web: www.sasproperty.com.au

Your FREE No Obligation Connection Service

Step 1	Step 2	Step 3
Select the utilities you would like connected by ticking the relevant boxes below.	Fill out the relevant details on this form, sign it and lodge it with your property manager.	We will call you within 24 hours (except on weekends and public holidays), to confirm your details and connection timings.

Please tick utilities as required

Electricity  Gas  Gas Bottles  Pay TV  Insurance   
 Internet  Phone  Removalist

Name of Applicant	
Address For Connection	
Postcode	

Contact Phone Number  Date Of Birth   
 CONNECTION DATE

**DECLARATION AND EXECUTION:** By signing this application, I/we consent to Direct Connect arranging for the connection and disconnection of the nominated utility services and to providing information contained in this application to utility providers for this purpose; acknowledge having been provided with terms and Conditions of Supply of Direct Connect and having read and understood them together with the Privacy Collection Notice set out below; declare that all the information contained in this application is true and correct and given of their own free will; expressly authorise Direct Connect to provide any information disclosed in this Application to a supplier or potential supplier of the Services in accordance with the Privacy Collection Notice and to obtain any information necessary in relation to the Services; consent to Direct Connect contacting me by telephone or by SMS in relation to the marketing or promotion of all of the services listed under the heading "Utility Connections" above even if we/I have not applied for the connection of those services in this application. This consent will continue [for a period of 1 year from the date of our/ my execution of this application/until [28] days after we/I disconnect the last of the services in respect of which this application is made]; acknowledge that this consent will permit Direct Connect to contact us/me even if the telephone numbers listed on this application form are listed on the Do Not Call Register; understand that under the requirements of the Privacy Act 1988, Direct Connect will ensure that all personal information obtained about me/us will be appropriately collected, used, disclosed and transferred and will be stored safely and protected against loss, unauthorised access, use, modification or disclosure and any other misuse; authorise the obtaining of a National Metering Identifier (NMI) for my residential address to obtain supply details; consent to Direct Connect disclosing my/our details to utility providers (including my/our NMI and telephone number); declare and undertake to be solely responsible for all amounts payable in relation to the connections and/or supply of the Services and hereby indemnify Direct Connect and its officers, servants and agents and hold them indemnified against any charges whatsoever in respect of the Services; acknowledge that, to the extent permitted by law, Direct Connect shall not be liable for any loss or damage (including consequential loss and loss of profits) to me/ us or any other person or any property as a result of the provision of the services or any act or omission by the utility provider or for any loss caused by or in connection with any delay in connection, disconnection or provision of, or failure to connect or disconnect or provide, the nominated utilities; acknowledge that whilst Direct Connect is a free service I/we may be required to pay standard connection fees or deposits required by various utility providers; acknowledge that the Services will be provided according to the applicable regulations and that the time frames and terms and conditions of the nominated utility providers bind me/us and that after hours connections may incur additional service fees from utility providers; acknowledge that the real estate agent listed on this application form may receive a benefit from Direct Connect in connection with the provision of the service being provided to me/us by Direct Connect; and acknowledge the entitlement of Direct Connect and its associates, agents and contractors, to receive a fee or remuneration from the utility provider and that such fee or remuneration will not be refunded to me as a rebate in connection with the provision of the utility connection services.

By signing this application form, I warrant that I am authorised to make this application and to provide the consents, acknowledgements, authorisations and other undertakings set out in this application form on behalf of all applicants listed in this application form.

Signature:  Date:

P: 1300 664 715 F: 1300 664 185 W: www.agents.directconnect.com.au  
 Level 9 Toowong Tower, 9 Sherwood Rd, Toowong QLD 4066