

**ON LINE - SALE INFORMATION SHEET**

**It is important to take the time to answer these questions accurately**

**PLEASE E-MAIL COMPLETED INFORMATION SHEET ALONG WITH COSTS AGREEMENT AND RECEIPT SHOWING PAYMENT OR FAX TO 029 527 7122 This will action your Online Conveyancing. You will be notified by text and email.**

**NAME:** .....

**ADDRESS:** .....

**Phones .....Work/Mobile/Fax: .....**

**Email: .....**

**Drivers Licence number: ..... (Please provide copy**

**PROPERTY ADDRESS:** \_\_\_\_\_

**LOT AND PLAN NO: \_\_\_\_\_(Please provide copy of Council rates notice)**

**The Property:**

**House: Please tick any structures included in the sale.**

**Garage [ ] Carport [ ] Garden Shed [ ] Pergola [ ] Swimming Pool [ ]**

**Other structures included in the sale:**

\_\_\_\_\_ **Unit/Townhouse is the following included in the sale:**

**Garage YES [ ] NO [ ] Carspace YES [ ] NO [ ] Storage room YES [ ] No [ ]**

**Are there exclusive use areas attached to the unit YES [ ] No [ ]**

- 1 What approx age is the property:.....**
- 2 What year did you purchase the property: .....**
- 3 Have you made any structural alterations / additions: YES NO**
- 4 Year alterations approved: ..... Year alterations commenced: .....**
- 5 Builder details: Name: .....**  
**Address: .....**  
**Licence number: .....**

**Please provide copies of Council Approved Plans.**

**If you were an owner builder and building construction or alterations began after 1st May 1997, please provide Home Building Act Warranty Insurance Certificate for inclusion in the contract.**

**\*\*It is important that you provide details of any unauthorised or non-Council approved works at the property so an appropriate disclosure condition can be included in the contract.**

.....  
**6 Do you have a Survey Report and/or Building Certificate YES NO**

**7 Have you complied with the new Smoke Alarm Regulation YES NO**

**Swimming Pool**

- 8 Is there a swimming pool included in the sale YES NO  
 9 When was the pool built: ..... Is the pool fenced: YES NO

Pool Builder details: Name: .....  
 Address: .....  
 Licence number: .....

Would you like this office to display your property free – window display YES NO

**Title Deeds**

- 10 Are you holding the Title Deeds to the property YES NO

- 11 If you have a mortgage on your title please provide:

Lenders Name: .....  
 Branch / Address: .....  
 Loan Account number(s): .....

Is this a PARTIAL or FULL Discharge of Mortgage

12. Are there any matter that dictate how the sale proceeds must be distributed?  
 Eg: Family court matters or marital concerns?

13. Will the expected sale price be sufficient to completely pay out any loan you may have secured by way of a mortgage over the property? YES [ ] NO [ ]

14. What is the approximate pay our figure for the loan or loans?

15. Is any loan that has to be paid out also secured by another property- YES[ ] NO [ ]

**Items Include in the Sale (please tick)**

- |                                             |                                         |                                          |                                          |
|---------------------------------------------|-----------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Blinds             | <input type="checkbox"/> Dishwasher     | <input type="checkbox"/> Range hood      | <input type="checkbox"/> Air conditioner |
| <input type="checkbox"/> Built in wardrobes | <input type="checkbox"/>                | <input type="checkbox"/> Floor coverings | <input type="checkbox"/> Stove           |
| <input type="checkbox"/> Auto pool cleaner  |                                         |                                          |                                          |
| <input type="checkbox"/> Clothes line       | <input type="checkbox"/> Insect screens | <input type="checkbox"/> Pool equipment  | <input type="checkbox"/> Garden Shed     |
| <input type="checkbox"/> Curtains           | <input type="checkbox"/> Light fittings | <input type="checkbox"/> TV antenna      |                                          |

**Items EXCLUDED from the sale (please list)**

.....

**Selling Agent Details**

Name: .....  
 Address: .....  
 Telephone: ..... Contact Name: .....

- Will you be selling by Auction YES NO

**Strata Title (if the property has a Strata Title please provide Manager details)**

Name: .....  
 Address: .....  
 Telephone: .....

- Are you aware of any unpaid Special Levies YES NO

**Tenancy**

Is the property sold with

**WITH EXISTING TENANT  
VACANT POSSESSION**

*(If rented, please provide copy of lease OR letting Agent's details)*

**Notices Relating to the Property**

12 Have you received any notice from a Government Department,  
Statutory Authority or Council in relation to the property **YES NO**  
*(If Yes please provide a copy to us)*

13 Are you aware of any matter relating to the buildings on the land that  
would justify Council making a Demolition or Upgrading Order **YES NO**

14 Are you aware of any encroachment by or upon your land **YES NO**

14 (a) Do you currently pay Land Tax on this property **YES NO**  
*(If "yes" Please provide copy of last Assessment OR Receipt) See your tax  
accountant*

(b) Do you require the Contract to be conditional on the Purchaser  
paying a proportion of the current years Land Tax **YES NO**

**GST** *(The sale of an existing residential property is not subject to GST) See your  
accountant*

15 Is the Vendor registered or required to be registered for GST **YES NO**  
If Yes: Your ABN:.....

16 Is this sale a taxable supply **YES NO**

17 Is the property new residential premises **YES NO**

**Other Personal Details**

18 Have any of the Vendors been bankrupt or insolvent **YES NO**

19 Are there any disputes about boundary fences **YES NO**

20 Do you require the settlement time to be different from the  
normal 6 weeks *(If Yes please provide details)*..... **YES**  
**NO**

21 If the Purchaser agrees, do you require the deposit to be  
released for your purchase of another property **YES NO**

22 Would you accept a deposit bond on exchange **YES NO**

Please provide us with an address and phone number to contact you **following  
settlement** (if known).

Address: .....

Telephone: .....

Dated this.....day  
of.....

.....  
Name:

.....  
Name:

**Direct Deposit Details – General Account \$330.00 –  
Please send receipt showing payment.**

<b>Account Name</b>	<b>The Shire Conveyancer</b>
<b>Bank</b>	<b>Westpac Bank</b>
<b>BSB</b>	<b>032 718</b>
<b>Account Number</b>	<b>216 608</b>
<b>Reference</b>	<b>Your Surname</b>

**Step one – fill in this questionnaire and return to fax number 029 527 7122 or email.**

**Step two - fill in the costs agreement/sign and return**

**Step Three – Direct Deposit details and send receipt showing payment**

**Step Four – copy requested documents and forward.**