

CARE

RESIDENTIAL PROPERTY MANAGEMENT SPECIALISTS LTD

PROPERTY TO BE ADMINISTERED BY
CARE RESIDENTIAL PROPERTY MANAGEMENT SPECIALISTS LIMITED

ADDRESS OF PROPERTY TO BE MANAGED: _____

FULL NAME OF OWNER: _____ PHONE: _____

OWNERS NEW ADDRESS: _____

ADDRESS FOR STATEMENTS: Postal or Email _____

NZ CONTACT IF ABROAD: _____ PHONE: _____

RELATIONSHIP OF CONTACT: _____

TERM AVAILABLE: _____ FROM WHEN: _____

INSTRUCTIONS FOR PAYMENT:

BANK: _____ CHEQUE IN NAME OF: _____

ACCOUNT NUMBER: _____ BRANCH: _____

INSURANCE

ALL PROPERTIES MUST BE COVERED BY INSURANCE. INSURANCE PREMIUM PAYMENTS ARE THE RESPONSIBILITY OF THE OWNER.

PROPERTY IS INSURED WITH: _____ POLICY NO: _____

FROM RENTS COLLECTED PAY: RATES: YES NO

OTHERS:

MAINTENANCE AND REPAIRS

- (A) THE AGENT AGREES TO SECURE PRIOR APPROVAL OF THE OWNER ON ALL EXPENDITURE EXCEEDING \$500 FOR ANY ONE ITEM, EXCEPT MONTHLY OPERATING CHARGES AND/OR EMERGENCY REPAIRS IN EXCESS OF THE MAXIMUM IF IN THE OPINION OF THE AGENT SUCH REPAIRS ARE NECESSARY TO PROTECT THE PROPERTY FROM DAMAGE OR TO MAINTAIN ESSENTIAL SERVICES TO THE TENANTS AS CALLED FOR IN THEIR TENANCY AGREEMENT.
- (B) IF AT ANY TIME THE DISBURSEMENTS ARE IN EXCESS OF THE RENTS COLLECTED THE OWNER HEREBY AGREES TO PAY SUCH EXCESS PROMPTLY UPON DEMAND OF THE AGENT.

INITIAL: _____

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AGENTS AUTHORITY:

- * SELECT TENANTS AND SIGN TENANCY DOCUMENTATION
- * COLLECT RENTS DUE
- * TERMINATE TENANCIES ON OWNERS BEHALF
- * COLLECT BOND AND DEPOSIT WITH THE DEPARTMENT OF BUILDING AND HOUSING
- * TAKE SUCH ACTION AS NECESSARY AGAINST THE TENANT SUBJECT TO THE TERMS OF THE " RESIDENTIAL TENANCY ACT "
- * ATTENDANCES AT TRIBUNAL HEARINGS OR MEDIATION ON BEHALF OF THE OWNER – FREE OF CHARGE
- * INSPECT PREMISES AT REGULAR INTERVALS, FOLLOWED BY A WRITTEN REPORT – FREE OF CHARGE
- * ADVERTISE PROPERTY WHEN REQUIRED, COST OF WHICH IS TO BE MET BY OWNER
- * BAYNET CREDIT CHECK OF PROSPECTIVE TENANTS AT THE COST OF \$30 TO OWNER

REMARKS AND SPECIAL INSTRUCTIONS:

LOCATION OF WATER TOBY:

PETS: YES NO

GARDENS - TENANT OR OWNER LAWNS - TENANT OR OWNER

I HEREBY AUTHORISE CARE RESIDENTIAL PROPERTY MANAGEMENT SPECIALISTS LIMITED TO CARRY OUT ALL ADMINISTRATION WORK AS DETAILED ABOVE AND WILL PAY FEES FOR ALL SUCH WORK IN ACCORDANCE WITH THE SCALE CURRENTLY LEVIED AT 8% PLUS G.S.T OF ALL MONIES RECEIVED AND 8% PLUS G.S.T ON ALL OUTGOINGS. I AGREE THAT CARE RESIDENTIAL PROPERTY MANAGEMENT SPECIALISTS LIMITED WILL MANAGE MY PROPERTY BUT CANNOT BE HELD LIABLE FOR ANY FINANCIAL LOSS OR ANY DAMAGE TO THE PROPERTY AND ITS CONTENTS, THIS AGENCY CAN BE TERMINATED IN WRITING UPON EITHER PARTY GIVING ONE MONTHS NOTICE.

OWNERS SIGNATURE/S: _____

DATE: _____