
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: _____ ACCOUNT IN NAME OF: _____

ACCOUNT NUMBER: _____ BRANCH: _____

INSURANCE

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

ARE THERE ANY SPECIAL REQUIREMENTS ON YOUR POLICY THAT WE SHOULD KNOW ABOUT? **YES** OR **NO**

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: _____

COMPLETE AS APPROPRIATE:

CONTACT DETAILS OF BODY CORPORATE:

BODY CORPORATE NAME:

CONTACT NAME:

ADDRESS:

EMAIL:

PHONE NUMBER:

MOBILE:

NAME OF THE TELEPHONE SERVICE PROVIDER _____

NAME OF THE CURRENT ELECTRICITY AND GAS PROVIDER IS _____

DOES THE GARAGE HAVE A REMOTE CONTROL? _____

- IF SO, HOW MANY _____

DOES YOUR PROPERTY HAVE A WORKING ALARM? _____

- WHAT IS THE CODE? _____

CAN THE ALARM BE MONITORED? _____

- IF SO, BY WHICH COMPANY? _____

- WHO IS RESPONSIBLE FOR THE ONGOING COST OF THE MONITORED ALARM? _____

HOW OFTEN WOULD YOU LIKE THE FOLLOWING DONE?

	YEARLY	6 MTHLY	3 MTHLY	Last service
CHIMNEYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GUTTERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DVS FILTERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GAS APPLIANCES SERVICING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIAL _____