

FORM OF INDEMNITY

**CASUARINA VILLAS ON PATTERSON' – P.S. 544418D
60-68 Gladesville Boulevard, Patterson Lakes**

Your removalist will be required to fill out the following form. This is to ensure that any damage done to common property during your move is rectified at the expense of the removalist or the resident moving in/out.

I/We From
(Employee) (Company Name)

I/Wemoving in/out of
(Owner/Resident) (Apartment Number)

UNDERTAKE TO TAKE ALL DUE CARE AND DILIGENCE DURING THE MOVING PROCESS.

FURTHER, THE COMPANY / OWNER AGREES TO REIMBURSE THE BODY CORPORATE OF 'DONINION LIFESTYLE APARTMENTS' ANY EXPENSE INCURRED BY THEN IN REINSTATING TO ORINGINAL CONDITION ANY SURFACE OR ITEM WHICH MAY BECOME DAMAGED OR MARKED BY THE COMPANY'S / OWNER'S ACTIONS.

IN THIS REGARD, INSPECTIONS WILL BE CARRIED OUT BY THE BODY CORPORATE MANAGER BOTH PRIOR TO AND FOLLOWING THE SUBJECT MOVE.

SHOULD YOU DISAGREE WITH THE ASSESSMENT MADE BY THE BODY CORPORATE MANAGER, YOUR IMMEDIATE RESPONSE WILL BE REQUIRED; FAILURE TO RESPOND IMMEDIATELY WILL RESULT IN ALL FURTHER RIGHTS OF APPEAL BEING FORFEITED.

CONDITION REPORT PRIOR TO MOVE		CONDITION REPORT AFTER MOVE	
Outer Glass Doors		Outer Glass Doors	
Stairs		Stairs	
Floors		Floors	
Walls		Walls	
Date		Date	
..... Employee's Signature on behalf of Company	 Employee's Signature on behalf of Company	
..... Owner / Resident moving in / out	 Owner / Resident moving in / out	