

DISCLOSURE STATEMENT (SECTION 206)

Date:			
Applicant Name:			
Applicant Address:			
Phone Number:			
Email Address:			

Building Name:			
CTS Number:		Lot Number:	
Full Name of Owner:			

CHARGES APPLY – please contact KBW for charges applicable

Statement will be issued **WITHIN 48 HOURS** from receipt of payment.

PAYMENT METHOD – PLEASE TICK ONE BOX

- Credit Card - Please contact our office on 07 5458 5458 (9am – 5pm) for payment to be made over the phone.
VISA or MASTERCARD only.
- Cheque Attached – Made Payable to: **KBW Community Management**
- Bank Deposit - BSB: 184-446 AC: 297327140 **Reference: Surname & Lot Number**

DELIVERY INFORMATION:

Please return completed Disclosure Statement to:

- Email: _____
- Post: _____

PLEASE RETURN COMPLETED REQUEST TO:

Email: admin@kbw.com.au

Fax: 07 5478 0088

Post: PO Box 287
Mooloolaba QLD 4557