



The Chelsea – 2-6 Goodwood Street, Kensington

Security Device Order Form

Once you have completed the necessary details please send the form to the Building Manager, emailing management@thechelseakensington.com.au

IMPORTANT INFORMATION

- Additional security access items can **only** be purchased by the owner or the owner’s agent.
- Only 2 fobs are permitted per bedroom in your apartment. If the apartment is tenanted, another fob may be held by the property manager.
- A separate form and payment must be completed for each unit (this means receipts and information for each unit are kept separate)
- Payment **MUST** be made in full before the order is processed
- Shaded boxes on the front page are for office use only and are not to be completed by the applicant.
- All prices are subject to change without notice.
- Please ensure you take your time and fill out the form correctly. The Owners Corporation accepts no responsibility for any costs incurred as a result of the applicant giving incorrect information.

Unit Number	STREET ADDRESS
	2-6 Goodwood Street, Kensington

PERSON ORDERING THE ITEM					
OWNER	Strata roll confirmed <input type="checkbox"/>	BY	AGENT	Current lease sighted <input type="checkbox"/>	BY
Name:			Name:		
Contact details:			Contact details:		

SECURITY ACCESS ITEM REQUIRED			
DESCRIPTION	QUANTITY	PRICE	ITEM CODE
<input type="checkbox"/> Security FOB		\$110.00 (Includes \$10.00 GST)	
Total Amount to be Paid			

All purchases are non-refundable

PAYMENT OPTIONS – DIRECT DEBIT, CHEQUE, OR MONEY ORDER

(Due to security reasons we do NOT accept cash)

Date:		Type:	Money Order / Cheque / Direct Debit
		Record / Receipt No.	

If paying by **direct debit** you must attach a copy of your receipt to this application form. The account details for the building are as follows:

Account Name: Strata Sense Pty Limited ITF SP 92831
Bank: Macquarie Bank Limited
BSB: 182-222
Account Number: 2446-61161
Description: (Apt # / Surname / First Name)

Agreement

I have read and understand the conditions upon which permission to receive an additional access device and undertake to abide by those conditions.

Signature

Date

OFFICE USE ONLY

COLLECTION OF SECURITY ITEM

<input type="checkbox"/> OWNER	<input type="checkbox"/> AGENT	<input type="checkbox"/> TENANT	<input type="checkbox"/> COURIER
ID Type:		Number:	
Name:		Signature:	