

APT: _____ DATE: _____ TIME: _____

Form of Indemnity

EUREKA TOWER
7 Riverside Quay, Southbank, 3006

EUREKA



You or Your removalist are requested to complete and sign the following form
as an indemnity to the Body Corporate, to

Ensure that any damage done to common property during your move, is
rectified at the expense of the removalist of the resident moving in/out

I/We _____ (The removalist)

From, (Company Name) _____

Address _____

Contact Number _____

Insurance Company & Policy No _____

I/We _____ (The Resident)

Of, (Address) _____

Contact Number _____

UNDERTAKE TO TAKE ALL DUE CARE AND DILIGENCE DURING THE MOVING PROCESS.
FURTHER, THE COMPANY/RESIDENT AGREES TO REIMBURSE THE BODY CORPORATE OF
'EUREKA TOWER' ANY EXPENSE INCURRED BY THEM IN REINSTATING TO ORIGINAL
CONDITION ANY COMMON AREA SURFACE OR ITEM WHICH MAY BE DAMAGED OR
MARKED BY THE COMPANY'S/RESIDENT'S ACTIONS.

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

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

Employees Signature on Behalf of Company (The removalist)

Resident or on behalf of Resident