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ABN: 76 785 117 334

20 July 2023

HANDFORD RESIDENCES CTS 47645 Registered for GST

Tax Invoice

C, J & N Dinham U3 14 Corbett Street SCARBOROUGH WA 6019

Ref

Re Lot 59 HANDFORD RESIDENCES CTS 47645

Fee 143.00 Paid

Above Fee includes GST

Please find following information to assist you with preparing a disclosure statement for Contract of Sale purposes. You will note that the information document follows the format and headings of the disclosure statement typically included in the REIQ approved form of contract.

Section 223 of the Body Corporate and Community Management Act 1997 requires the seller to provide the buyer with a number of implied warranties. Those warranties relate to the seller's knowledge about:

- (i) Latent or patent defects in the common property or body corporate assets; and
- (ii) Actual, contingent or expected liabilities of the body corporate; and
- (iii) Circumstances in relation to the affairs of the body corporate that may be prejudicial to the buyer.

Page 4 of the enclosed document can be used by the seller to set out those warranties. Bright & Duggan is not authorised to make warranties on behalf of the seller. We have not completed that page of the document, and it should be completed by the seller.

While the disclosure statement has been populated, the seller and the seller's advisers should verify the accuracy of the information supplied and decide what action, if any, needs to be taken in relation to those implied warranties. A purchaser is also entitled to make a request to inspect the Body Corporate Records.

If you have any queries relating to the information for disclosure statement please contact our office.

INFORMATION FOR DISCLOSURE STATEMENT

as at 20 July 2023

Body Corporate

Name of Scheme:

HANDFORD RESIDENCES

Community Titles Scheme No:

47645

Lot Number:

59

Plan Number: 267487

Secretary

Name Address

Ms Kay M Douglass 19/245 Handford Road TAIGUM QLD 4018

Telephone

Facsimile

Body Corporate Manager

Name Address

Telephone

Bright & Duggan (QLD) Pty Ltd

Level 1 Suite 2 193 Ferry Road

SOUTHPORT QLD 4215

5532 1900

Facsimile 5531 2029

Contributions and Levies

Levies Determined by the Body Corporate for this Lot

Plan Number:

Administrative Fund	Amount	Due Date	Discount	If paid by
01/08/22 to 31/10/22	\$672.22	01/08/22	Nil	01/08/22
01/11/22 to 31/01/23	\$672.22	01/11/22	Nil	01/11/22
01/02/23 to 30/04/23	\$770.00	01/02/23	Nil	01/02/23
01/05/23 to 31/07/23	\$770.00	01/05/23	Nil	01/05/23
01/08/23****31/10/23	\$721.11	01/08/23	Nil	01/08/23
01/11/23****31/01/24	\$721.11	01/11/23	Nil	01/11/23
Sinking Fund				
01/08/22 to 31/10/22	\$320.83	01/08/22	Nil	01/08/22
01/11/22 to 31/01/23	\$320.83	01/11/22	Nil	01/11/22
01/02/23 to 30/04/23	\$320.83	01/02/23	Nil	01/02/23
01/05/23 to 31/07/23	\$320.83	01/05/23	Nil	01/05/23
01/08/23****31/10/23	\$320.83	01/08/23	Nil	01/08/23
01/11/23****31/01/24	\$320.83	01/11/23	Nil	01/11/23

Body Corporate

Name of Scheme:

HANDFORD RESIDENCES

Community Titles Scheme No:

47645

Lot Number:

59

267487

Improvements on Common Property for which Buyer will be Responsible

Body Corporate and Community Management Act 1997 Section 206

INFORMATION FOR DISCLOSURE STATEMENT (continued)

Body Corporate Assets Required to be Recorded on Register	Copy of Register of Assets is attached.	
Committee	_	
Information prescribed under Regulation Module	Nil	
Signing		
	Seller/Sellers Agent	Witness
	Date	
Buyers Acknowledgement	The Buyer acknowledges having received and Seller before entering into the contract.	d read this statement from the
	Buyer	Witness
	Date	
	2	

Additional Information

Body Corporate Name of Scheme: HANDFORD RESIDENCES

Community Titles Scheme No: 47645

Lot Number: Plan Number: 267487

Lot Entitlements and Other Matters Interest Schedule Aggregate 90 Entitlement of Lot 1

Contribution Schedule Aggregate 90 Entitlement of Lot 1

Balance of Sinking fund at end of last Financial Year 346,811.71 as at 31/07/22

Insurance Levies not included in Administrative Fund Levies:

Monetary Liability under Exclusive Use By-Law

Not applicable (TS)

Insurance Type Company Policy No Sum Insured Due Date

See Annexure - Insurance Report

Mortgages or Securities over Body Corporate Assets Nil

Additional Information (continued)

Body Corporate

Name of Scheme: HANDFORD RESIDENCES

Community Titles Scheme No: 47645

Lot Number: Plan Number: 267487

Latent or Patent Defects in Common Property or Body Corporate Assets This certificate only relates to the statements under Section 206 that the seller must give, it should also be noted that the seller is also required to warrant certain matters relative to defects liability under Section 223, this certificate does not extend to Section 223

Actual or Contingent or Expected Liabilities of Body Corporate

Circumstances in Relation to Affairs of the Body Corporate

Exceptions to Statements in Clause 7.4(2)

DISCLOSURE STATEMENT (Continued)

Name of Scheme	HANDFO	RD RI	ESIDENCES	CTS No	47645
Lot No.	59	Type	BUILDING FORMAT PLAN	Plan No	267487

ANNEXURE - LEVY DETAILS

	7 11 11 11 11 12 1 (DLITTL			
Description	Amount	Due Date	Date Paid	Discount	If paid by	Date of Notice	Amount Overdue
SINKING FUND SPECIAL							
External Facade Painting	794.44	01/12/22	N/A	0.00	01/12/22	31/10/22	N/A
Items marked with **** are for	periods that are or	itside the cur the next Ge	rent financ eneral Mee	cial year. They ma	iy aiso be sul	oject to ratificat	ion at

Page Number: 7 ASSET REGISTER 20 July 2023

HANDFORD RESIDENCES CTS 47645

Description	Туре	Method of Acquisition	Date of Acquisition	Acquired from	Original Cost	Cost to date	Market Value
Rowing Machine	Plant and Machinery	Gift	21/04/16	Developer		0.00	1,485.00
Weight Machine/Multigym	Plant and Machinery	Gift	21/04/16	Developer		0.00	3,000.00
Treadmill	Plant and Machinery	Gift	21/04/16	Developer		0.00	3,650.00
1 x Fitplus Power Advanced Exercise Spin Bike 1 x Fitplus All-in-one	Furniture & Fittings	Purchase	30/11/21	DShop.com.au		0.00	898.54
Elliptical C/Trainer & Bike Table Tennis Table + Kit	Furniture & Fittings	Gift	21/04/16	Developer		0.00	500.00
3x Yoga Mats 1x Yoga Ball 1x Pump for Yoga Ball	Furniture & Fittings	Gift	21/04/16			0.00	200.00
2x Skipping Ropes 85m2 of 1x1x15mm Rubber Floor	Furniture & Fittings	Gift	24/04/16			0.00	2,975.00
		<u> </u>		Page Totals Report Totals	0.00 0.00	0.00 0.00	12,708.54 12,708.54

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INSURANCE REPORT HANDFORD RESIDENCES CTS 47645

245 Handford Road TAIGUM QLD 4018

Туре		Sum Insured	Premium	Date Last Paid
BUILDING	1	30,408,000	\$49,605.22	07/09/22
CHU Underwriting Agencies	Telephone 02 8319 5670	Policy Number HU0026061	Due Date 31 August 2	2023
Collective Insurance Brokers	Facsimile	Excess/Comments	31 August 2	1025
info@collectiveib.com.au		\$1,000 all claims &		
		\$5,000 water damag	ge & burst pipes	
Tring		Sum Insured	Premium	Date Last Paid
Type PUBLIC LIABILITY		30,000,000	Included	07/09/22
Company/Broker	Telephone	Policy Number	Due Date	
CHU Underwriting Agencies	02 8319 5670 Facsimile	HU0026061 Excess/Comments	31 August 2	2023
Collective Insurance Brokers info@collectiveib.com.au	Pacsimile	Excess/Comments		
mio e concenveio com au				
		T		
Type COMMON AREA CONTENTS		Sum Insured 253,629	Premium Included	Date Last Paid 07/09/22
Company/Broker	Telephone	Policy Number	Due Date	01/07/22
CHU Underwriting Agencies	02 8319 5670	HU0026061	31 August 2	2023
Collective Insurance Brokers	Facsimile	Excess/Comments		
info@collectiveib.com.au		-		
Type		Sum Insured	Premium	Date Last Paid
LOSS OF RENT Company/Broker	Telephone	4,561,200 Policy Number	Included Due Date	07/09/22
CHU Underwriting Agencies	02 8319 5670	HU0026061	31 August 2	2023
Collective Insurance Brokers	Facsimile	Excess/Comments		
info@collectiveib.com.au		_		
	•	•		
Туре		Sum Insured	Premium	Date Last Paid
FIDELITY GUARANTEE	Televile	250,000	Included	07/09/22
Company/Broker CHU Underwriting Agencies	Telephone 02 8319 5670	Policy Number HU0026061	Due Date 31 August 2	2023
Collective Insurance Brokers	Facsimile	Excess/Comments	1	
info@collectiveib.com.au		_		
	1	1		
Туре		Sum Insured	Premium	Date Last Paid
VOLUNTARY WORKERS	-	200,000/2,000	Included	07/09/22
Company/Broker	Telephone	Policy Number	Due Date	0022
CHU Underwriting Agencies Collective Insurance Brokers	02 8319 5670 Facsimile	HU0026061 Excess/Comments	31 August 2	ZUZ3
info@collectiveib.com.au				

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INSURANCE REPORT HANDFORD RESIDENCES CTS 47645

245 Handford Road TAIGUM QLD 4018

	Premium Date Last Paid
OFFICE BEARERS 5,000,000	Included 07/09/22
Company/Broker Telephone Policy Number	Due Date
CHU Underwriting Agencies Collective Insurance Brokers 02 8319 5670 HU002606 Facsimile Excess/Comment	
Concente Insurance Brokers	ills
info@collectiveib.com.au	
Type Sum Insured	Premium Date Last Paid
Type Sum Insured 4,561,200	Premium Date Last Paid Included 07/09/22
Company/Broker Telephone Policy Number	Due Date
CHU Underwriting Agencies 02 8319 5670 HU002606	1 31 August 2023
Collective Insurance Brokers Facsimile Excess/Comment	<u> </u>
info@collectiveib.com.au	
Type Sum Insured	Premium Date Last Paid
EXT COVER - RENT/TEM 684,180	Included 07/09/22
Company/Broker Telephone Policy Number CHU Underwriting Agencies 02 8319 5670 HU002606	Due Date 31 August 2023
Collective Insurance Brokers Collective Insurance Brokers Facsimile Excess/Commen	
info@collectiveib.com.au	
into @ concett velo.com.au	
Type Sum Insured	Premium Date Last Paid
ESC IN COST OF TEMP 228,060	Included 07/09/22
Company/Broker Telephone Policy Number	Due Date
CHU Underwriting Agencies 02 8319 5670 HU002606	
Collective Insurance Brokers Facsimile Excess/Commen	nts
info@collectiveib.com.au	
Type Sum Insured	Premium Date Last Paid
STORAGE/EVACUATION 228,060	Included 07/09/22
Company/Broker Telephone Policy Number	Due Date
	1 31 August 2023
CHU Underwriting Agencies 02 8319 5670 HU002606	
CHU Underwriting Agencies Collective Insurance Brokers O2 8319 5670 HU002606 Facsimile Excess/Comment	
CHU Underwriting Agencies 02 8319 5670 HU002606	
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CHU Underwriting Agencies Collective Insurance Brokers O2 8319 5670 HU002606 Facsimile Excess/Comment	
CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au CHU Underwriting Agencies Facsimile Excess/Comment Excess/Comment	nts
CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Excess/Comment Type Sum Insured	Premium Date Last Paid
CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type GOVERNMENT AUDIT COS D2 8319 5670 Facsimile Excess/Comment Excess/Comment Sum Insured 25,000	Premium Date Last Paid Included 07/09/22
CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type GOVERNMENT AUDIT COS Company/Broker Collective Insurance Brokers info@collectiveib.com.au Excess/Comment Excess/Comment Excess/Comment Excess/Comment Sum Insured 25,000 Policy Number	Premium Date Last Paid Included 07/09/22 Due Date
CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type GOVERNMENT AUDIT COS 02 8319 5670 Facsimile Excess/Comment Sum Insured 25,000	Premium Date Last Paid Included 07/09/22 Due Date 31 August 2023
CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type GOVERNMENT AUDIT COS Company/Broker CHU Underwriting Agencies 02 8319 5670 Facsimile Excess/Comment Sum Insured 25,000 Policy Number Policy Number CHU Underwriting Agencies 02 8319 5670 HU0026066	Premium Date Last Paid Included 07/09/22 Due Date 31 August 2023
CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type GOVERNMENT AUDIT COS Company/Broker CHU Underwriting Agencies COllective Insurance Brokers Telephone O2 8319 5670 Policy Number Policy Number CHU Underwriting Agencies Collective Insurance Brokers Pacsimile Excess/Comment Excess/Comment	Premium Date Last Paid Included 07/09/22 Due Date 31 August 2023

20 July 2023

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INSURANCE REPORT HANDFORD RESIDENCES CTS 47645

245 Handford Road TAIGUM QLD 4018

Туре		Sum Insured	Premium	Date Last Paid
WH&S APPEAL EXPENSES		100,000	Included	07/09/22
Company/Broker	Telephone	Policy Number	Due Date	
CHU Underwriting Agencies	02 8319 5670	HU0026061	31 August	2023
Collective Insurance Brokers	Facsimile	Excess/Comments		
info@collectiveib.com.au				
Туре		Sum Insured	Premium	Date Last Paid
LEGAL EXPENSES		50,000	Included	07/09/22
Company/Broker	Telephone	Policy Number	Due Date	0.702722
CHU Underwriting Agencies	02 8319 5670	HU0026061	31 August	2023
Collective Insurance Brokers	Facsimile	Excess/Comments	, 8	
info@collectiveib.com.au		\$1,000 all claims		
		•		
Tura		Sum Insured	Premium	Date Last Paid
Type LOT OWNERS IMPROVEME		250,000	Included	07/09/22
Company/Broker	Telephone	Policy Number	Due Date	01/09/22
CHU Underwriting Agencies	02 8319 5670	HU0026061	31 August	2023
Collective Insurance Brokers	Facsimile	Excess/Comments	31 August	2023
info@collectiveib.com.au				
mio@conectiveib.com.au				
Type		Sum Insured	Premium In alread ad	Date Last Paid
FLOOD	Talanhona	Insured	Included	Date Last Paid 07/09/22
FLOOD Company/Broker	Telephone 02 8319 5670	Insured Policy Number	Included Due Date	07/09/22
FLOOD Company/Broker CHU Underwriting Agencies	02 8319 5670	Insured Policy Number HU0026061	Included	07/09/22
FLOOD Company/Broker CHU Underwriting Agencies Collective Insurance Brokers	•	Insured Policy Number	Included Due Date	07/09/22
FLOOD Company/Broker CHU Underwriting Agencies	02 8319 5670	Insured Policy Number HU0026061	Included Due Date	07/09/22
FLOOD Company/Broker CHU Underwriting Agencies Collective Insurance Brokers	02 8319 5670	Insured Policy Number HU0026061	Included Due Date	07/09/22
FLOOD Company/Broker CHU Underwriting Agencies Collective Insurance Brokers	02 8319 5670	Insured Policy Number HU0026061	Included Due Date	07/09/22
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Company/Broker CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type	02 8319 5670	Insured Policy Number HU0026061 Excess/Comments	Included Due Date 31 August	07/09/22 ± 2023
Company/Broker CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type COMMISSION	02 8319 5670 Facsimile	Insured Policy Number HU0026061 Excess/Comments Sum Insured 7,521.75	Included Due Date 31 August Premium Included	07/09/22
Company/Broker CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au Type COMMISSION Company/Broker	O2 8319 5670 Facsimile Telephone	Insured Policy Number HU0026061 Excess/Comments Sum Insured 7,521.75 Policy Number	Premium Included Due Date 31 August	07/09/22 2 2023 Date Last Paid 07/09/22
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