



20 July 2023

HANDFORD RESIDENCES CTS 47645  
Registered for GST

ABN: 76 785 117 334

**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

**Ms Kay M Douglass**

Address

**19/245 Handford Road  
TAIGUM QLD 4018**

Telephone

Facsimile

**Body Corporate  
Manager**

Name

**Bright & Duggan (QLD) Pty Ltd**

Address

**Level 1 Suite 2  
193 Ferry Road  
SOUTHPORT QLD 4215**

Telephone

**5532 1900**

Facsimile

**5531 2029****Contributions  
and Levies**

Levies Determined by the Body Corporate for this Lot

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**

Plan Number:

**267487****Improvements on  
Common  
Property for  
which Buyer will  
be Responsible**

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 read this statement from the Seller before entering into the contract.

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Additional Information

Body Corporate	Name of Scheme:		<b>HANDFORD RESIDENCES</b>	
	Community Titles Scheme No:		<b>47645</b>	
	Lot Number:		<b>59</b>	Plan Number: <b>267487</b>
Lot Entitlements and Other Matters	Interest Schedule	Aggregate	<b>90</b>	Entitlement of Lot <b>1</b>
	Contribution Schedule	Aggregate	<b>90</b>	Entitlement of Lot <b>1</b>
	Balance of Sinking fund at end of last Financial Year		<b>346,811.71</b>	as at <b>31/07/22</b>
	Insurance Levies not included in Administrative Fund Levies:			
	Monetary Liability under Exclusive Use By-Law		<b>Not applicable (TS)</b>	

Insurance	Type	Company	Policy No	Sum Insured	Due Date
	<b>See Annexure -</b>	<b>Insurance Report</b>			

Mortgages or Securities over Body Corporate Assets	<b>Nil</b>
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## Additional Information (continued)

Body Corporate

Name of Scheme:

**HANDFORD RESIDENCES**

Community Titles Scheme No:

**47645**

Lot Number:

**59**

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	<b>HANDFORD RESIDENCES</b>			CTS No	<b>47645</b>
Lot No.	<b>59</b>	Type	<b>BUILDING FORMAT PLAN</b>	Plan No	<b>267487</b>

## ANNEXURE - LEVY DETAILS

[illegible]

## ASSET REGISTER

## HANDFORD RESIDENCES CTS 47645

Description	Type	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 Elliptical C/Trainer & Bike	Furniture & Fittings	Purchase	30/11/21	DShop.com.au		0.00	898.54
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 2x Skipping Ropes	Furniture & Fittings	Gift	21/04/16			0.00	200.00
85m2 of 1x1x15mm Rubber Floor	Furniture & Fittings	Gift	24/04/16			0.00	2,975.00
Page Totals					0.00	0.00	12,708.54
Report Totals					0.00	0.00	12,708.54

# INSURANCE REPORT

## HANDFORD RESIDENCES CTS 47645

245 Handford Road  
TAIGUM QLD 4018

Type <b>BUILDING</b>	Sum Insured <b>30,408,000</b>	Premium <b>\$49,605.22</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments <b>\$1,000 all claims &amp; as per policy \$5,000 water damage &amp; burst pipes</b>	

Type <b>PUBLIC LIABILITY</b>	Sum Insured <b>30,000,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>COMMON AREA CONTENTS</b>	Sum Insured <b>253,629</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>LOSS OF RENT</b>	Sum Insured <b>4,561,200</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>FIDELITY GUARANTEE</b>	Sum Insured <b>250,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>VOLUNTARY WORKERS</b>	Sum Insured <b>200,000/2,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	



# INSURANCE REPORT

## HANDFORD RESIDENCES CTS 47645

245 Handford Road  
TAIGUM QLD 4018

Type <b>OFFICE BEARERS</b>	Sum Insured <b>5,000,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>CATASTROPHE</b>	Sum Insured <b>4,561,200</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>EXT COVER - RENT/TEM</b>	Sum Insured <b>684,180</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>ESC IN COST OF TEMP</b>	Sum Insured <b>228,060</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>STORAGE/EVACUATION</b>	Sum Insured <b>228,060</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>GOVERNMENT AUDIT COS</b>	Sum Insured <b>25,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies Collective Insurance Brokers info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

# INSURANCE REPORT

## HANDFORD RESIDENCES CTS 47645

245 Handford Road  
TAIGUM QLD 4018

Type <b>WH&amp;S APPEAL EXPENSES</b>	Sum Insured <b>100,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies</b> <b>Collective Insurance Brokers</b> <b>info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	Excess/Comments	

Type <b>LEGAL EXPENSES</b>	Sum Insured <b>50,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies</b> <b>Collective Insurance Brokers</b> <b>info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile	<b>\$1,000 all claims</b>	

Type <b>LOT OWNERS IMPROVEME</b>	Sum Insured <b>250,000</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies</b> <b>Collective Insurance Brokers</b> <b>info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile		

Type <b>FLOOD</b>	Sum Insured <b>Insured</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies</b> <b>Collective Insurance Brokers</b> <b>info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile		

Type <b>COMMISSION</b>	Sum Insured <b>7,521.75</b>	Premium <b>Included</b>	Date Last Paid <b>07/09/22</b>
Company/Broker <b>CHU Underwriting Agencies</b> <b>Collective Insurance Brokers</b> <b>info@collectiveib.com.au</b>	Telephone <b>02 8319 5670</b>	Policy Number <b>HU0026061</b>	Due Date <b>31 August 2023</b>
	Facsimile		

Type	Sum Insured	Premium	Date Last Paid
Company/Broker	Telephone	Policy Number	Due Date
	Facsimile	Excess/Comments	