

# Residential Sales Agency Agreement: Annexure - Property Information



<b>Dwelling Type</b> (choose one)									
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Unit	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Villa	<input type="checkbox"/> Land				
<input type="checkbox"/> Acreage	<input type="checkbox"/> Rural	<input type="checkbox"/> Block of Units	<input type="checkbox"/> Retirement Living						
<b>Description of Dwelling</b>									
			<input type="checkbox"/> Brick	<input type="checkbox"/> Brick veneer	<input type="checkbox"/> Timber frame				
<input type="checkbox"/> Other (specify): _____									
<input type="checkbox"/> Lounge	<input type="checkbox"/> Dining room	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Laundry	<input type="checkbox"/> Family room	<input type="checkbox"/> Bathroom/s - No:	<input type="text"/>			
<input type="checkbox"/> Bedrooms - No:	<input type="checkbox"/> Toilet/s - No:								
Garage / Carport: <input type="checkbox"/> Single		<input type="checkbox"/> Double - dimensions: Length <input type="text"/>		Width <input type="text"/>	Car parking space/s - No: <input type="text"/>				
<b>SERVICES TO THE PROPERTY</b>									
			<input type="checkbox"/> No Services	<input type="checkbox"/> As follows					
<b>Mains Water Connected</b>									
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<b>Mains Sewer Connected</b>									
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
			<input type="checkbox"/> No, but available	<input type="checkbox"/> Septic System	<input type="checkbox"/> Common effluent system				
<b>Mains Electricity Connected</b>									
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
			<input type="checkbox"/> Other (specify) _____						
<b>Gas Mains Connected</b>									
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Gas supplied by cylinder			
<b>Hot Water System</b>									
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar	<input type="checkbox"/> External	<input type="checkbox"/> Internal	<input type="checkbox"/> Above Ceiling	<input type="checkbox"/> Instant			
<input type="checkbox"/> Mains Pressure	<input type="checkbox"/> Gravity Fed	<input type="checkbox"/> Capacity <input type="text"/>							
<b>Telephone connected</b>									
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
			<input type="checkbox"/> Sale excludes (specify): _____						
<b>NBN connected</b>									
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
<b>Television</b>									
			<input type="checkbox"/> Cable connected/available		<input type="checkbox"/> Antenna		<input type="checkbox"/> Satellite dish		
			<input type="checkbox"/> Other (specify): _____						
<b>IMPROVEMENTS AND FACILITIES</b>									
Year built: <input type="text"/> (if not known, approximate)									
<b>Air conditioning</b>									
Ducted Reverse Cycle		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ducted Evaporative		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Refrigerated		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wall unit		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Window Unit		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Split system		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ceiling Fans <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating</b>									
Gas		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Open fire		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radiant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Combustion		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ducted Heating <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Insulation</b>									
			<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not known		
Ceiling		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal Walls		<input type="checkbox"/> Yes	<input type="checkbox"/> No	External Walls <input type="checkbox"/> Yes <input type="checkbox"/> No	
Batts		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loose fill		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No (specify) _____						
<b>INITIALS</b> <i>Initials not required if using electronic signature</i>									

# Residential Sales Agency Agreement: Annexure - Property Information



<b>Security System</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Included	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored by:	<input type="text"/>				
Other (specify):	<input type="text"/>				
<b>Other security</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Automatic / sensor lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deadlocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Window locks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)	<input type="text"/>			
<b>Water treatments</b>		Softener	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filter	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Swimming Pool</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Date Constructed</b>		Prior to 1 July 1993 <input type="checkbox"/>		On or After 1 July 1993 <input type="checkbox"/>	
<input type="checkbox"/> In-ground	<input type="checkbox"/> Above ground				
<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor				
<input type="checkbox"/> Concrete	<input type="checkbox"/> Fibreglass	<input type="checkbox"/> Tiled	<input type="checkbox"/> Lined		
<input type="checkbox"/> Gas heated	<input type="checkbox"/> Solar heated				
<input type="checkbox"/> Salt	<input type="checkbox"/> Chlorine	Other: <input type="text"/>			
<b>For pre 1 July 1993 Swimming Pools and Spa Pools:</b>			<b>For On or After July 1993 Swimming Pools and Spa Pools</b>		
Compliant fencing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Compliant fencing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Compliance Certificate available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pool safety features installed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Compliance Certificate available	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pool equipment included	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>			
<b>Spa Pool</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	included	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Smoke Alarm</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Hard wired	<input type="checkbox"/> Yes <input type="checkbox"/> No	Battery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Safety switches</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Surge Arrestors</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Tennis Court</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	Net included <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>White Ant/Termite treatment (recent)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>		
	Compliance Certificate available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Watering system</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Fully reticulated grounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Garden shed</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Included	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Rainwater Tank</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbed to	<input type="text"/>	Pump Included <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Photovoltaic Solar Panels</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	System Capacity	<input type="text"/> kW	Included <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other</b> <input type="text"/>					
<b>INITIALS</b> <i>Initials not required if using electronic signature</i>					