

## OWNER / RESIDENT REGISTRATION FORM



**Apartment Number:** \_\_\_\_\_

**Dear Owner / Resident,**

We would appreciate you taking a few minutes to provide as much information as possible as this assists in the efficient management of your building and will only be used by the Building Manager, for the effective execution of their duties.

We ask that you endeavour to keep the information provided up to date. You can assist by providing any change of details at it arises.

This form needs to be supplied to the site Building Manager either in person or by scanning and emailing to [chelsea@visionbm.com.au](mailto:chelsea@visionbm.com.au).

**Any questions please call the building manager on mobile – 0499 299 072.**

**Vision Building Management Group Pty Ltd**

PO BOX 5327 Marrickville NSW 1475

Head Office: 1300 88 11 96 | E Fax: 02 8004 0159 | Head Office Email: [info@visionbm.com.au](mailto:info@visionbm.com.au)

**[www.visionbm.com.au](http://www.visionbm.com.au)**

**NAME OF PRIMARY CONTACTS FOR APARTMENT** *(Please Print Names Clearly)*

First Name	Surname	Daytime # or Mobile#	Email
1.			
2.			
3.			
4.			

**VENDOR/OWNERS NAME** *(if not listed above)* \_\_\_\_\_

**AGENTS NAME** *(if tenanted)* \_\_\_\_\_

**AGENTS CONTACT NUMBER** \_\_\_\_\_

**AGENTS EMAIL ADDRESS** \_\_\_\_\_

I AGREE TO THIS INFORMATION BEING COLLECTED AND HELD IN THE BUILDING MANAGERS OFFICE and is covered under the Privacy Act.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECURITY DETAILS**

To ensure the security of your home we require your assistance and ask that you take the time to register your security keys and any access fob device information:

Name of person in possession of devices	Key #	Fob / Swipe #
1.		
2.		
3.		
4.		

It is important that all the information is accurate and up to date as all unaccounted-for devices will be considered lost/ stolen or misplaced and will be deactivated to preserve the integrity of the buildings system.

## EMERGENCY EVACULATION ASSISTANCE DETAILS

Should you require assistance to leave the building in the event of an emergency evacuation we can furnish the Fire Brigade / emergency response services with instructions to assist you.

Please advise if;	YES	NO
Do any occupant/s require assistance to exit your apartment?		
Do any occupant/s require assistance exiting the building via fire stairs?		
If YES please advise who needs assistance and why;		
Name:		
Reason:		
Name:		
Reason:		

## OTHER REGISTRATION / BOOKINGS NEEDED

Please advise if;	YES	NO
Do you have a pet/s?		

If you answer YES, please take the time to complete the:

1. Pet registration form to be completed and returned to the Building Manager. This is required for evacuation fire safety purposes so we can inform the fire brigade if any pets are in specific units. There is also a By-Law governing pets so please read and understand your rights and obligations as a responsible pet owner.

We thank you for taking the time to complete Chelsea Croydon Apartments Registration.

Kind regards,

**Vision Building Management Group Team**

**Paul Golack** | Part Time Building Manager | BM Site Office – 0499 299 072

**Brent Jeffree** | Managing Director | Head Office

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