

Request Form – Strata Corporation Status Certificate

Request:

Name of Applicant:-													
ID Type & Number													
Telephone Number													
Address of Applicant													
Applicant Details Please check the appropriate box)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Attorney</td> <td style="text-align: center;">Purchaser</td> <td style="text-align: center;">Sales Agent</td> <td style="text-align: center;">Mortgage Company</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Other: _____</td> </tr> </table>	Attorney	Purchaser	Sales Agent	Mortgage Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			
Attorney	Purchaser	Sales Agent	Mortgage Company										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Other: _____													
Name of Institution													

Information Requested:

Strata Plan No. (s)	Address of Strata Plan

Signature: _____

Date: _____
dd/mm/yyyy

FOR INTERNAL USE ONLY	
Fee Paid	Receipt Number