

30 May 2022

LINDESAY RISE CTS 49759  
Registered for GST

ABN: 47 434 843 601

## Tax Invoice

Forstpointer Super Property  
9 Mark Place  
MARDI NSW 2259

Ref

Re Lot 1 LINDESAY RISE CTS 49759

Fee 154.00 Paid

Above Fee includes GST

This document contains information which may be used to complete a disclosure statement.  
This is not a disclosure statement.

It is the responsibility of the seller of the lot to make a disclosure to the purchaser, and to complete the disclosure statement in full including:

- Implied warranties
- Mortgages or securities
- Latent or patent defects
- Actual, contingent or expected liabilities
- Circumstances in relation to affairs of the body corporate
- Other information prescribed under Regulation Module

Parts of this information document which may be blank do not indicate that the seller is not required to make a disclosure.

BCsystems

Tax invoice

ABN 29 058 152 604

The fee stated includes GST

# INFORMATION FOR DISCLOSURE STATEMENT

as at 30 May 2022

**Body Corporate** Name of Scheme: **Lindesay Rise**  
Community Titles Scheme No: **49759**  
Lot Number: **1** Plan Number: **SP 267657**

**Secretary** Name: **Grant Stevens**  
Address: **c/-Body Corporate Systems  
PO Box 743  
Morningside Qld 4170**  
Telephone: Facsimile:

**Body Corporate  
Manager** Name: **BCsystems**  
Address: **PO Box 743  
MORNINGSIDE QLD 4170**  
Telephone: **07 3899 0299** Facsimile:

Contributions and Levies	Administrative Fund	Levies Determined by the Body Corporate for this Lot			
		Amount	Due Date	Discount	If paid by
	<b>01/03/22 to 31/05/22</b>	<b>\$530.00</b>	<b>01/03/22</b>	<b>Nil</b>	<b>01/03/22</b>
	Sinking Fund <b>01/03/22 to 31/05/22</b>	<b>\$280.00</b>	<b>01/03/22</b>	<b>Nil</b>	<b>01/03/22</b>

**Body Corporate** Name of Scheme: **Lindesay Rise**  
Community Titles Scheme No: **49759**  
Lot Number: **1** Plan Number: **SP 267657**

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

**A committee is in place.**

Information  
prescribed under  
Regulation  
Module

**Please refer to Seller and or Body Corporate records.**

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

<b>Body Corporate</b>	Name of Scheme:	<b>Lindesay Rise</b>			
	Community Titles Scheme No:	<b>49759</b>			
	Lot Number:	<b>1</b>	Plan Number:	<b>SP 267657</b>	
<b>Lot Entitlements and Other Matters</b>	Interest Schedule	Aggregate	<b>6575</b>	Entitlement of Lot	<b>155</b>
	Contribution Schedule	Aggregate	<b>430</b>	Entitlement of Lot	<b>10</b>
	Balance of Sinking fund at end of last Financial Year	<b>126,532.87</b>	as at	<b>28/02/22</b>	
	Insurance Levies not included in Administrative Fund Levies:	<b>See Annexure</b>			
	Monetary Liability under Exclusive Use By-Law	<b>Please refer to Seller and or Body Corporate records.</b>			

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

<b>Mortgages or Securities over Body Corporate Assets</b>	<b>Please refer to Seller and or Body Corporate records.</b>
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## Additional Information (continued)

Body Corporate

Name of Scheme:

**Lindesay Rise**

Community Titles Scheme No:

**49759**

Lot Number:

**1**

Plan Number:

**SP 267657**

Latent or Patent  
Defects in  
Common  
Property or Body  
Corporate Assets

**Please refer to Seller and or Body Corporate records.**

Actual or  
Contingent or  
Expected  
Liabilities of Body  
Corporate

**Please refer to Seller and or Body Corporate records.**

Circumstances in  
Relation to  
Affairs of the  
Body Corporate

**Please refer to Seller and or Body Corporate records.**

**Please refer to Seller and or Body Corporate records.**

Exceptions to  
Statements in  
Clause 7.4(2)





# INSURANCE REPORT

## LINDESAY RISE CTS 49759

6 Mactier Drive  
BORONIA HEIGHTS  
QLD

Type <b>BUILDING</b>		Sum Insured <b>\$17,265,867</b>	Premium <b>\$24,420.51</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>FLOOD</b>		Sum Insured <b>INCLUDED</b>	Premium	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>FLOATING FLOORS</b>		Sum Insured <b>INCLUDED</b>	Premium	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>PUBLIC LIABILITY</b>		Sum Insured <b>\$20,000,000</b>	Premium <b>Included</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>OFFICE BEARERS LIABI</b>		Sum Insured <b>\$1,000,000</b>	Premium <b>Included</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>COMMON CONTENTS</b>		Sum Insured <b>\$52,500</b>	Premium <b>Included</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		



# INSURANCE REPORT

## LINDESAY RISE CTS 49759

6 Mactier Drive  
BORONIA HEIGHTS  
QLD

Type <b>LOSS OF RENT</b>		Sum Insured <b>\$2,589,879</b>	Premium <b>Included</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>FIDELITY GUARANTEE</b>		Sum Insured <b>\$100,000</b>	Premium <b>Included</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>BUILDING CATASTROPHE</b>		Sum Insured <b>\$2,589,880</b>	Premium <b>Included</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>GOV AUDIT COS</b>		Sum Insured <b>\$25,000</b>	Premium <b>Included</b>	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>LOT OWNERS FIXTURES</b>		Sum Insured <b>\$300,000</b>	Premium	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>APPEAL EXPENSES</b>		Sum Insured <b>\$100,000</b>	Premium	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

# INSURANCE REPORT

## LINDESAY RISE CTS 49759

6 Mactier Drive  
BORONIA HEIGHTS  
QLD

Type <b>LEGAL DEFENCE EXP</b>		Sum Insured <b>\$50,000</b>	Premium	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

Type <b>VOLUNTARY WORKERS</b>		Sum Insured <b>\$200,000/\$2,000</b>	Premium	Date Last Paid
Company/Broker <b>Strata Community Insurance Strata Community Insurance Level 6, 445 Upper Edward St Spring Hill QLD 4004</b>	Telephone <b>1300724678</b>	Policy Number <b>QRSC1800891</b>	Due Date <b>10 March 2023</b>	
	Facsimile	Excess/Comments <b>\$500 Insured Property \$1,000 Legal Defence</b>		

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

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

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

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