

Landlord Instructions

Owners Name _____

Investment Property Address: _____

Postal
Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____

Email: _____

Nominated Bank Account Details for Rental Funds Transfer

Bank: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Emergency Contact Details

In the event you cannot be contacted on the details provided please list an alternative authorised person to deal with your investment property on your behalf. (Please note these details will only be used in emergency situations)

Name: _____

Phone: _____ Mobile: _____

Relationship: _____

Tradesman Preferences (Please list details and contact numbers):

Electrician: _____

Plumber: _____

Handyman: _____

Health Care Card:

Do you hold a healthcare card Yes / No

If yes – number:

Date of issue:

Landlord Insurance:

Yes / No

Provider: _____

Policy Number: _____

There are many risks associated with owning an investment property and Just Rentals recommends that all landlords investigate and take out suitable landlord insurance according to your individual needs. Please contact Just Rentals if you require any further information regarding your options relating to Landlord Insurance.

Please provide a copy of your current landlord insurance schedule and council rates notice for the property file.

Smoke Detector:

The landlord of any investment property has a duty of care and responsibility to make sure that smoke detectors in their properties are operational. They must be installed as per AS 3786 and properly fitted according to the Building Commission Regulations for the ongoing safety of the occupants. Just Rentals offer the professional service of **Detector Inspector** to assist with the installation and ongoing maintenance of smoke alarms which comply with legislation. Please advise if you would like further information about this service:

YES

NO

By ticking NO you take full responsibility for the smoke alarms in your investment property and will ensure they are correctly installed and in good working order.

Thank you for your cooperation, it is greatly appreciated.

Landlords Signature

Date

- | | | |
|------------|---|---|
| Checklist: | <input type="checkbox"/> Landlord Instructions | <input type="checkbox"/> Copy of Council Rates |
| | <input type="checkbox"/> Copy of landlord Insurance | <input type="checkbox"/> Smoke Alarm Instructions |
| | <input type="checkbox"/> Copy of Healthcare Card | |