

Dear Resident,

In order to assist with the efficient administration of Paddington Central, we request that you complete the Resident Registration Form. The information requested is conditional upon the terms itemised below. We request that you fill in as many of the fields as possible.

Information Collected by the Owners Corporation:

1. This information is being collected on behalf of The Owners Corporation for Paddington Central. The Owners Corporation may engage Building Management and/ or Strata Management in the collection, maintenance and use of the information obtained.

- 2. This information may be provided to:
 - 2.1. the "Building Manager".
 - 2.2. the "Strata Managing Agent".
 - 2.3. Providers of emergency services under contract to the Owners Corporation.

3. If the information is not provided, the Owners Corporation may not be able to efficiently discharge its duties. This may affect essential maintenance in relation to water seepage, electrical failure, fire certification, power outage and lift breakdown etc. In some instances, an additional charge may be levied, or cost incurred where you cannot be contacted, or the information is not readily available. Resident records are also vital should an emergency evacuation be necessary.

4. Residents may request that the Owners Corporation deletes your personal information from its records at any time (except for security device information). The Owners Corporation will destroy information you request to be deleted or which the Owners Corporation reasonably believes to be out of date.

5. Residents or other external parties will not be given access to information on residents in the databases. This also includes information on previous residents.

Please complete the attached form and submit to Building Management prior to moving in (via email or in person).

Thank you for your understanding and cooperation.

Kind Regards,

Building Manager On behalf of the SP69204 Owners Corporation of Paddington Central.

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RESIDENT REGISTRATION FORM

MAIN DETAILS:				
Unit. No.:		OCCUPANCY TYP	PE: □ 0\	WNER 🗌 TENANT
PRIMARY CONTACT No.:			WORK	
PRIMARY RESIDENT 1:				
GIVEN NAME(S):		SURNAME:		
PHONE / MOBILE NO:		E-MAIL:		
PRIMARY RESIDENT 2:				
GIVEN NAME(S):		SURNAME:		
PHONE / MOBILE NO:		E-MAIL:		
Please supply additiona	l information if m	nore than 2 adults		
VEHICLE(S):				
MAKE:	MOD	EL: R	REGO:	CAR SPACE
MAKE:	MOD	EL: R	REGO:	CAR SPACE
Car space number is ess	sential especially	r if authorised to use anoth	ner unit's	s car space
PETS (REFER TO BY-LAW	S FOR CLARIFICA	TION):		
TYPE OF ANIMAL:	BREED:	PET NAME:		COLOUR:
TYPE OF ANIMAL:	BREED:	PET NAME:		COLOUR:
LEASE INFORMATION (TE	NANTS ONLY):			
MANAGING AGENTS:		PHONE:	EMAII	_:
AGENT CONTACT:		PHONE:	EMAII	_:
LEASE COMMENCEMENT:		LEASE EXPIRY		
EMERGENCY CONTACT (n	ot living in the apa	artment):		
NAME:		CONTACT NO:		
		EMAIL:		
CONFIRMATION:				
SIGNATURE OF				
PRIMARY RESIDENT:			DATE	:

Please complete all fields of this document and submit to Building Management on or before the day you Move-In. Note: If you are a Tenant, please provide a copy of the front pages (2) of your Lease with this document.

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