



Insurance Certificate request			
Date:			
Applicant Name:			
Applicant Address:			
Phone Number:			
Email:			
Settlement Date:			
Building Name:			
CTS Number:		Lot Number:	
Full Name of Owner:			

Statement issued will be issued within 48 hours from receipt of payment.

Please supply Insurance Information

Payment Method

- Cheque Attached – Made payable to: strataPLACE
- Bank deposit – BSB: 034-053 Account Number: 451142
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Delivery information:

Please return Disclosure Statement to:

- Email: _____
- Post: _____

Please return completed form to:

Email: admin@strataplaceqld.com.au

Post: PO Box 525, Wynnum, Qld, 4178