

**REQUEST FOR:  
COPY OF DOCUMENT**

**Post to:** ERNST BODY COPORATE MANAGEMENT PTY LTD  
PO Box 10374  
SOUTHPORT QLD 4215

**Fax to:** (07) 5519 2910 **or Email to:** [certificates@ebcm.com.au](mailto:certificates@ebcm.com.au)

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR FILE/REFERENCE (if applicable) : \_\_\_\_\_

THIS INFORMATION IS SUBJECT TO THE PRIVACY ACT.  
THE APPLICANT MUST BE THE LOT OWNER OR BE AUTHORISED TO RECEIVE SUCH INFORMATION

BODY CORPORATE / BUILDING NAME: \_\_\_\_\_

CTS: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

FULL NAME OF LOT OWNER: \_\_\_\_\_

ADDRESS OF LOT OWNER: \_\_\_\_\_

DOCUMENT REQUESTED: eg, By-Laws, Survey Plans, AGM Minutes, Pool Certificate

**CHARGES APPLICABLE**

PREPARATION **WITHIN 1 BUSINESS DAY** FROM RECEIPT OF PAYMENT: \$23.00 (INC GST)

**PAYMENT METHOD – PLEASE TICK ONE BOX**

CHEQUE ATTACHED – MADE PAYABLE TO: **ERNST BODY CORPORATE MANAGEMENT PTY LTD**

CREDIT CARD – NAME OF CARD HOLDER: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_ CVV: \_\_\_\_\_

CARD TYPE:                      VISA CARD                                      MASTER CARD                                      BANK CARD

*WE DO NOT ACCEPT AMERICAN EXPRESS OR DINERS CLUB*

**DELIVERY INFORMATION: All documents will be issued by email / fax**

NAME: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE**