



STRATA UNIT MANAGEMENT PTY LTD
ADDRESS: SUITE 7/ 1059-1063 VICTORIA ROAD, WEST RYDE NSW 2114
TEL: 02 90963927; 02 90963928
EMAIL: INFO@STRATAUNITMANAGEMENT.COM.AU

COMPANY NOMINEE FORM

To _____ of

(Name of person to be appointed)

(Address)

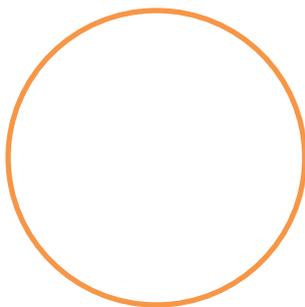
(Company Name)

hereby authorises you in accordance with Section 154 of the Strata Schemes Management Act 2015, to exercise or perform on its behalf any power, authority, duty or function conferred by or under that Act on its owner of

Lots _____ unit _____ in Strata Scheme No _____

Dated this _____ day of _____ 20 _____.

The Common Seal of _____



Affix the company common seal if applicable

was hereunto affixed by authority of its Board of Directors in the presence of:

_____ Secretary (Print Name/Sign)

_____ Director (Print Name/Sign)