

**[AUSTVILLE RESIDENCES]**

**RESIDENT'S UPDATE**

Date:

**Via Fax/Mail**

Fax: \_\_\_\_\_

**TO: THE MANAGEMENT OF AUSTVILLE RESIDENCES**

Dear Sirs/Madam,

We, the owners of Block \_\_\_\_\_ Unit # \_\_\_\_\_ Sengkang East Ave, Austville Residences, Singapore \_\_\_\_\_ would like to update you with the particulars of the residents for the above mentioned unit.

| <b>OWNER'S PARTICULARS</b>                           |                      |                      |              |
|--|----------------------|----------------------|--------------|
| Purchaser's Name(s):                                 |                      | NRIC / Passport No.: |              |
| Contact No: (Home)                                   | (Hp)                 | (Office)             | (Fax)        |
| Intercom No:   |                      |                      |              |
| Corresponding Address:                               |                      | Email Address:       |              |
| Nationality:   | Vehicle Make/ Model: | Vehicle No.:         |              |
| Contact Person:                                      |                      | Contact No.:         |              |
| Status: Owner – Occupied / Tenanted*                 | Date of Moving In:   |                      |              |
| Effective Date As Per Austville Residences Address : |                      |                      |              |
| <b>TENANT'S PARTICULARS (If applicable)</b>          |                      |                      |              |
| Name of Tenant (As per agreement):                   |                      | NRIC / Passport No.: |              |
| Contact No: (Home)                                   | (Hp)                 | (Office)             | (Fax)        |
| Nationality:   | Vehicle Make/ Model: | Vehicle No.:         |              |
| Contact Person:                                      |                      | Contact No.:         |              |
| Term of Lease :                                      |                      | Period of Lease :    |              |
| S/N  | Name of Occupants    | Age                  | Relationship |
|  |                      |                      |              |
|  |                      |                      |              |
|  |                      |                      |              |
|  |                      |                      |              |

*(Asterisk (\*) means to delete where appropriate)*

Yours faithfully

\_\_\_\_\_

\_\_\_\_\_

Subsidiary Proprietor's Name

Signature/s

NRIC No. \_\_\_\_\_

**Note:**

- The above information is registered for management and security purposes. Kindly return the completed form at your earliest convenience and not more than two (2) weeks after occupation.*
- Please denote "NA" for "not applicable" in any of the above items.*

**AUSTVILLE RESIDENCES**

**INDEMNITY FORM ON DEFECT CLAIM**

In consideration that I/we of Block \_\_\_\_\_ Unit # \_\_\_\_\_ - \_\_\_\_\_ would like to carry out my addition/alteration works in my unit at Austville Residences before/concurrently with the defects rectification works. I/we solemnly and jointly declare that I/we shall indemnify the Developer and its Authorised Agents against any actions, claim and liability for the defects in my unit howsoever so caused relating to or arising from my addition/alteration works.

I/we will undertake to be responsible for the behaviour of my renovation contractors and comply with the rules and regulations governing the addition/alteration works as stipulated in Resident Handbook, otherwise the Management reserves the right to stop the works due to non-compliance of the above rules and regulations.

I/we have read and understand the above rules and regulations and I/we agree to observe these rules and regulations if my addition / alteration works application is accepted by the Management.

|                 |          |            |       |
|-----------------|----------|------------|-------|
| Name of Owners: | 1. _____ | Signature: | _____ |
|                 | 2. _____ | Signature: | _____ |
|                 | 3. _____ | Signature: | _____ |

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FOR OFFICAL USE ONLY:

INDEMNITY FORM RECEIVED BY:

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date