

TWENTY MACLEAY STREET LIMITED

(ACN 000 224 340)

20 Macleay Street, Potts Point NSW2011

Form R

Application Form for Shareholders Seeking Approval to Rent a Home Unit at Twenty

Important note: *The Directors of Twenty Macleay Street Limited will rely on information contained in this Application to reach a decision approving or rejecting the Application. Approval, where granted, is conditional on the information provided being complete and correct. Where the information provided below is incomplete or incorrect, the Board reserves its right to rescind any approvals given. Approval is also subject to the terms and conditions of Twenty's Rental Policy and may be revoked where the conditions are not met. The Board does not intend to use the information for any other purpose.*

Unit No: _____

Shareholder's Name (s):

Current Address:

State: _____ Postcode: _____

Contact Numbers - Work: () _____ Mobile: _____ Home: _____

Email Address: _____

Statement of Reasons. *Please provide a brief statement of why you are seeking to rent the unit and any considerations you believe the Directors of Twenty should take into account in considering this request.*

Name & address of agent or property manager:

Duration of lease: _____

If approved, the address for levy notices & all Shareholder information:

I / we confirm that I / we have read, understand & agree to comply with the Memorandum & Articles of Association, and all rules & regulations of the Company.

I/we acknowledge that I/we have read and understood the Rental Policy and Guidelines of Twenty Macleay Street Limited (attached), and give my consent to abide by all the conditions set out therein.

I/we understand and accept that I/we may be held personally liable for any property damage at Twenty including costs to repair or make good such damage caused by any tenants living in the unit nominated on this Form, as and when it occurs. By signing below I/we indemnify Twenty Macleay Street Limited for all such costs that may occur and I/we accept liability for any damage caused by tenants residing in the approved rental apartment.

Signed (by Shareholder (s)): _____

Dated: _____

Office Use Only

Board Decision (please circle): Approved / Declined

Approval subject to time limit. This approval expires on: _____

Signed (by Chair or delegate): _____

Date: _____

Names of Other Directors Present: _____
