

**FORM OF INDEMNITY**

**'SY21' – P.S. 422665R**

Any damage sustained to common property during your move will be rectified at the expense of the removalist or the resident moving in.

Your **Removalist** is required to complete this form.

I/We:.....of .....  
*(Employee)* *(Company Name)*

I/W.....of .....  
*(Owner)* *(Owner Address)*

UNDERTAKE TO TAKE ALL DUE CARE AND DILIGENCE DURING THE MOVING PROCESS.

FURTHER, THE COMPANY / OWNER AGREES TO REIMBURSE THE OWNERS CORPORATION OF 'SY21' ANY EXPENSE INCURRED BY THEM IN REINSTATING TO ORIGINAL CONDITION ANY SURFACE OR ITEM WHICH MAY BECOME DAMAGED OR MARKED BY THE COMPANY'S / OWNER'S ACTIONS.

IN THIS REGARD, INSPECTIONS WILL BE CARRIED OUT BY THE RESIDENT MANAGER BOTH PRIOR TO AND FOLLOWING THE SUBJECT MOVE.

SHOULD YOU DISAGREE WITH THE ASSESSMENT MADE BY THE RESIDENT MANAGER, YOUR IMMEDIATE RESPONSE WILL BE REQUIRED; FAILURE TO RESPOND IMMEDIATELY WILL RESULT IN ALL FURTHER RIGHTS OF APPEAL BEING FORFEITED.

CONDITION REPORT PRIOR TO MOVE

CONDITION REPORT AFTER MOVE

.....  
.....  
.....  
.....

DATE ..... DATE: .....

.....  
*(Employee's Signature on behalf of Company)*  
.....  
*(Owner's Signature)*

.....  
*(Employee's Signature on behalf of Company)*  
.....  
*(Owner's Signature)*