

**ANDERSON PROPERTY TRANSFERS**

**Date:**

SELLER QUESTIONNAIRE (Section 32)

FILE No:

**Selling Agent:**

Agent:

Office:

**Contact Details:**

Clients full name (including middle):

D.O.B:

Current postal address:

Phone numbers: (h)

(b)

(m)

Email address:

**Property Details:**

Address of property being sold:

If a unit/townhouse – name of Body Corporate:

Approx age of property:

How long have they owned the property:

If under 7 years name of Builder:

Do they pay Land Tax: YES / NO

Any pool or outdoor spa: YES / NO

Any easements on the block: YES / NO

Anything built over the easement: YES / NO

**Services:**

**ELECTRICITY** Connected / Available:

**GAS** Connected / Available:

Bottled/Mains:

**WATER** Connected / Available:

Approx Land Size:

**SEWERAGE** Connected / Available:

Septic/Mains

**TELEPHONE** Connected / Available:

Is the property subject to a mortgage: YES / NO

Name of Lender:

Approx Pay out: \$

Selling price: \$

**VOLUME:**

**FOLIO:**

**LOT No:**

**PLAN No:**