

BCCM Form 22

Body Corporate and Community Management Act 1997 This form is effective from 18 April 2008

C	ONCILIATION	APPLICATION	I FORM
Office Use Only Date Lodged:	Time Lodged:	File Subject Matter:	MIS Ref No:
Section 1 Body Corporate / Scheme Information	Address Locality/Suburb No of Lots	State	
Section 2 Secretary's Information	Address Locality/Suburb Daytime Ph	State	
Section 3 Body Corporate Manager's Information	Address Locality/Suburb Daytime Ph	State	Postcode DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
Section 4(a) Applicant's Information	Address Locality/Suburb Daytime Ph	Home Ph	Postcode DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
Section 4(b) Are you applying as? (Note: Your application will be checked for jurisdiction under the BCCM Act. Please refer to the Guide to completing a Conciliation Application Form)	an owner the body corporate the committee letting agent service contractor	an occupier the body corporate ma a committee member caretaking service cor	

Section 5(a) Respondent's Information Section 5(b) Is the Respondent?	Name (Individual or corporation) Address Locality/Suburb Daytime Ph Home Ph Mobile Fax Email Address an owner an occupier the body corporate the committee a committee member letting agent caretaking service contractor
Section 5(c) Are other persons affected by the outcome sought by you?	Yes (If yes, please provide details below) No
Section 6 What outcome are you seeking?	
Section 7 What attempts have you made to resolve this dispute with other parties? (Please attach supporting documentation)	

Section 8					
Background to your					
dispute					
What are the reasons for making your					
application?					
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	97 and 298 of the BCCM Act provide that it on or documents in relation to an applicatio		a person to supply false or		
The information requested in this application form is collected under the authority of the <i>Body Corporate and Community Management Act 1997</i> . It is collected for the purpose of resolving disputes under that Act and for providing information to the community. Information in the application may be disclosed to other parties in the dispute.					
I believe the information given in this application to be true.					
Signature of Applicant(s)					
		Da	ate [][]/[][]/[][]		
Note : Each applicant must sign the application. An unsigned or undated application cannot be accepted. If the applicant is a corporation, this form may be signed by a person authorised by the corporation to act on its behalf, and be accompanied by evidence of authorisation.					
If the applicant is the body corporate then a copy of minutes containing the resolution authorising the application should be provided.					
Office of the Commissioner for Body Corporate and Community Management					
·) 060 119) Roy 1049 Brighane Old 4001	Facsimile:	(07) 322 78023		
	D Box 1049, Brisbane Qld 4001 el 11, 259 Queen Street, Brisbane	Website:	bccm@justice.qld.gov.au www.justice.qld.gov.au/bccm		
APPLICATION FEE: See Guide to completing a Conciliation Application Form for current fees. Please note					
the Application fee paid is non-refundable.					