



CONCILIATION APPLICATION FORM

Office Use Only
Date Lodged: _____ **Time Lodged:** _____ **File Subject Matter:** _____ **MIS Ref No:** _____

**Section 1
Body Corporate / Scheme Information**

Name of Scheme CTS/CMS No

Address

Locality/Suburb State Postcode

No of Lots

Regulation Module (Standard, Accommodation, Commercial or Small Schemes)

**Section 2
Secretary's Information**

Name (Individual or corporation)

Address

Locality/Suburb State Postcode

Daytime Ph..... Home Ph..... Mobile

Fax Email Address

**Section 3
Body Corporate Manager's Information**

Name (Individual or corporation)

Address

Locality/Suburb State Postcode

Daytime Ph..... Home Ph..... Mobile

Fax Email Address

**Section 4(a)
Applicant's Information**

Name

Address

Locality/Suburb State Postcode

Daytime Ph..... Home Ph..... Mobile

Fax Email Address

Lot No on Plan No Circle Plan Type: BUP / GTP / SP

**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)

<input type="checkbox"/> an owner	<input type="checkbox"/> an occupier
<input type="checkbox"/> the body corporate	<input type="checkbox"/> the body corporate manager
<input type="checkbox"/> the committee	<input type="checkbox"/> a committee member
<input type="checkbox"/> letting agent	<input type="checkbox"/> caretaking service contractor
<input type="checkbox"/> service contractor	

