



# CONTACT UPDATE FORM

Body Corporate Number \_\_\_\_\_ Unit Number(s) \_\_\_\_\_

Street Address \_\_\_\_\_

*Sections one and two of this form are compulsory for all owners. Please complete the relevant sections that apply to your property only.*

SECTION ONE – OWNER CONTACT DETAILS	
Full Name of Ownership Entity*	_____
Postal Address	_____
Contact 1 Name *	_____
Physical Address	_____
Postal Address	_____
Home	_____
Work	_____
Mobile	_____
Email*	_____
Contact 2 Name *	_____
Physical Address	_____
Postal Address	_____
Home	_____
Work	_____
Mobile	_____
Email*	_____
Contact 3 Name *	_____
Physical Address	_____
Postal Address	_____
Home	_____
Work	_____
Mobile	_____
Email*	_____

**WELLINGTON**

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t: 04 470 7612

**ROTORUA**

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Rotorua 3040  
rotorua@aplproperty.co.nz  
t: 07 346 0525

**BLenheim**




PO Box 185  
Blenheim 7240  
blenheim@aplproperty.co.nz  
t: 03 577 7780

**QUEENSTOWN**

PO Box 1586  
Queenstown 9348  
queenstown@aplproperty.co.nz  
t: 03 442 7133




*NOTE: Under Section 85 of the Unit Titles Act 2010, owners are legally obliged to supply this information and keep it up to date. Upon sale of a unit, the previous owner is liable for any fees or contributions until the Body Corporate is notified in writing of the new owners contact details.*

#### SECTION TWO – ALTERNATIVE CONTACT DETAILS




Full Name	_____		
Postal Address	_____		
Home 	_____	Work 	_____
Mobile 	_____	Email	_____
Relationship	_____		

*NOTE: Under Section 81 Unit Titles Act 2010, owners are legally obliged to supply the name and contact details of an agent or representative if the owner is to be absent from New Zealand for longer than three consecutive weeks, and the unit is leased or licenced.*




#### SECTION THREE – CORPORATION DETAILS (IF APPLICABLE)

Name of Company	_____		
Name of Director	_____		
Postal Address	_____		
Home 	_____	Work 	_____
Mobile 	_____	Email	_____

#### SECTION FOUR – TRUST DETAILS (IF APPLICABLE)

Name of Trust	_____		
Name of Trustee(s)	_____		
Postal Address	_____		
Home 	_____	Work 	_____
Mobile 	_____	Email	_____

**SECTION FIVE – TENANCY DETAILS (IF APPLICABLE)**

Property Manager	_____	Company	_____
Name of Tenant(s)	_____		
Postal Address	_____		
Home 	_____	Work 	_____
Mobile 	_____	Email	_____

*\*By submitting your information in these marked fields you are granting implied consent for APL Property to share your contact information with other owners within your Body Corporate. In particular relating to the nomination process for the Chairperson and Committee members. APL Property will never pass your information onto any third party without your prior approval.*