

# Expression of Interest

**I/We:-**

1. Express our interest in purchasing the Lot referred to in the Lot Details.
2. Lodge with this Expression of Interest payment of \$1,000 (**EOI Amount**) in favor of Aniko Project Marketing. This amount will be refunded to us if requested at any time before a formal contract is entered into to purchase the property.
3. Acknowledge that:
  - (a) there is no binding agreement between us to purchase the Lot or the seller to sell the lot but that you will send a contract of sale for the Lot for our consideration within two business days of this EOI being accepted by the seller; and
  - (b) I/we will have five business days to sign and return the contract to you with the deposit provided for in that contract. If we fail to do that, you may, at your option, refund the EOI Amount and not further deal with us in regard to the Lot.
4. If I/we or our nominee signs and returns a contract to you, Aniko Group is authorised to transfer the EOI amount payment into Short Punch & Greatorix Lawyers Trust Account as listed on the contract of sale to be held as part of the deposit under that contract.

**DATED:**                    /   /

**SIGNED:**

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Aniko Group Pty Ltd ABN 91 622 840 386

# EXPRESSION OF INTEREST



Development: 10-12 SICKLE AVENUE Date of Issue: \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Unite Level \_\_\_\_\_ Unite Type \_\_\_\_\_ Car Space Number: \_\_\_\_\_  
(only applicable for units) \_\_\_\_\_  
Onsite Agent: Main: \_\_\_\_\_ Other: \_\_\_\_\_  
Outside Agency: \_\_\_\_\_ Outside Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## BUYER/S DETAILS

Company/Superfund \_\_\_\_\_ ABN: \_\_\_\_\_  
Buyer 1: Mr / Mrs / Miss / Ms First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
Buyer 2: Mr / Mrs / Miss / Ms First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Phone (Bus.): \_\_\_\_\_  
State / Post Code: \_\_\_\_\_ Phone (A/Hrs): \_\_\_\_\_  
Country: \_\_\_\_\_ Buyer 1 Mobile: \_\_\_\_\_  
FIRB: please tick YES  NO  Buyer 2 Mobile: \_\_\_\_\_

## BUYER/S SOLICITOR

Solicitor: \_\_\_\_\_ Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (Bus.): \_\_\_\_\_ Fax or email: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_  Reason for Purchase:  Investment  Owner Occupier  
Total Deposit: \$ \_\_\_\_\_  Inquiry Source: \_\_\_\_\_  
Initial Deposit: \$ \_\_\_\_\_  Finance Due: \_\_\_\_\_ days from contract date  
Balance Deposit: \$ \_\_\_\_\_ Deposit Due: \_\_\_\_\_ days from contract / finance date  
Bal Purchase Price: \$ \_\_\_\_\_ Settlement: \_\_\_\_\_ days from contract / finance / title registration

## NOTES / SPECIAL CONDITIONS (EG: Window Coverings etc)

STORAGE CAGE NUMBER: \_\_\_\_\_ Buyer to pay \$ \_\_\_\_\_

MARINA BERTH NUMBER: \_\_\_\_\_ Buyer to pay \$ \_\_\_\_\_

UNIT VARIATIONS: YES / NO **Variation schedule and floor plan must be attached to the EOI if there are unit variations.**

## DOCUMENT CHECKLIST FOR AGENTS:

1. Front page of EOI to be signed & dated.
2. Second page of EOI to be fully completed with contract details
3. Credit / Debit Card Authorisation Form to be completed, SIGNED & dated

## UPON COMPLETION, CONTRACTS TO BE:

- Sent to purchaser  Sent to purchaser's solicitor  Sent to Outside Agent  Held in office for collection



## Credit / Debit Card Payment Authorisation Form

### 1 Client details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone / Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Deposit for: LOT No. \_\_\_\_\_ Project: \_\_\_\_\_

Notes: \_\_\_\_\_

### 2. Payment Information

Payment Amount: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_ / \_\_\_\_\_ / 202

Additional Future Payments - allows for multiple payments to be authorised together

\$ \_\_\_\_\_ / \_\_\_\_\_ / 202  
Payment Amount Payment date

\$ \_\_\_\_\_ / \_\_\_\_\_ / 202  
Payment Amount Payment date

**TOTAL PAYMENT AMOUNT:** \$ \_\_\_\_\_

### 3. Credit Card Details

NB: Credit Card fee charges of 2.5% apply to any transactions over 1% of purchase price. We do not accept AMEX or Diners.

Card Number: \_\_\_\_\_

Card type:  Visa  Mastercard  Debit card

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CCV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I authorise the above named business to charge the credit card indicated on this authorisation form according to the terms outlined above.

This payment authorisation is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorised user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

I authorise that the above payment be transferred from Aniko Trust Account into Short Punch & Greatorex Lawyers Trust Account.

**X** \_\_\_\_\_  
Cardholder Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / 202

### AGENT OFFICE USE ONLY:

Payment processed at: \_\_\_\_\_ By: \_\_\_\_\_ On: \_\_\_\_\_ / \_\_\_\_\_ / 202