

NOTIFICATION OF INFORMATION REQUIRED FOR REGISTER
Retirement Villages Act 1987, section 12(1)

Multiple Villages

Name of Administering

Authority (AA):
individual / organisation / company

Contact person for correspondence:
name

Address for

correspondence:
street or postal *suburb* *postcode*

Phone: () **Fax:** ()

Email:

Complete and attach as many of the following sheets as required

Fee accompanying Form 1a:

<p>Fees: <i>Villages with no more than 10 residences = \$15.90</i> <i>More than 10 but not more than 50 residences = \$42.50</i> <i>More than 50 but not more than 150 residences = \$159</i> <i>More than 150 but not more than 300 residences = \$425</i> <i>More than 300 residences = \$532</i></p>
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Total # residences:

=

@
date

= \$

Signed:
administering authority

Date:

NOTE - This form must be accompanied by the prescribed fee in the form of a cheque made payable to the **DEPARTMENT FOR FAMILIES AND COMMUNITIES**.
Forward completed form & cheque to:
Disability, Ageing and Carers, Retirement Village Admin, PO Box 70, Rundle Mall SA 5000

Complete this sheet for EACH village

Full name of retirement village:

Village location:
street *suburb* *postcode*

Local Govt Area:

No. of ILUs: @ **No. of Flexi units / serviced apartments:** @
date *(if applicable)* *date*

Exemptions under the Retirement Villages Act 1987: *(if applicable)*

Name of Village Manager: *(if different to AA)*
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Address for correspondence:
street or postal *suburb* *postcode*

Phone: () **Fax:** ()

Email:

Name of company / organisation represented by Village Manager: *(if applicable)*

Name of State Manager: *(if applicable)*

Postal address:
suburb *postcode*

Phone: ()

Certificates of Title

Name of Registered Proprietor in Fee Simple:
individual / organisation / company

CT Volume #: **Folio #:** **CT endorsed:** Yes / No

CT Volume #: **Folio #:** **CT endorsed:** Yes / No

CT Volume #: **Folio #:** **CT endorsed:** Yes / No

OR

ATTACH A COPY OF EACH CERTIFICATE OF TITLE