NOTIFICATION OF INFORMATION REQUIRED FOR REGISTER

Retirement Villages Act 2016, section 13(2)

Change of Operator

Please complete all sections and provide the contact details for at least two different people in your organisation.

Full name of retirement village: ……

Village location:……
street *suburb* *postcode*

Local Govt Area: ……

No. of ILUs: *(including Independent Living Apartments)* …… @ …… *date*

No. of Serviced apartments: *(if applicable)* …… @ …… *date*

Name of Operator: …… **ABN:** ……
individual / organisation / company

Contact person for correspondence: ……
name

Address for correspondence: ……
street or postal *suburb* *postcode*

Phone: ( ) …… **Mobile:** …… **Email:** ……

Name of Village Manager: *(responsible for day to day running of village)* ……

Organisation: *(if different from the operator)*……

Address for correspondence: ……
street or postal *suburb* *postcode*

Phone: ( ) …… **Mobile:** …… **Email:** ……

Name of Senior Manager: ……

Organisation: *(if different from the operator)* ……

Address for correspondence: ……
street or postal *suburb* *postcode*

Phone: ( ) …… **Mobile:** …… **Email:** ……

Exemptions under the *Retirement Villages Act 2016:* *(if applicable)*

Certificate(s) of Title:

Details of Registered Proprietor in Fee Simple (*individual/organisation/company)*

CT Volume…… CT Folio…… CT endorsed: Y / N Reg Prop: ……..

Email: …….. Phone: …… Address: ……..

CT Volume…… CT Folio…… CT endorsed: Y / N Reg Prop: ……..

Email: …….. Phone: …… Address: ……..

CT Volume…… CT Folio…… CT endorsed: Y / N Reg Prop: ……..

Email: …….. Phone: …… Address: ……..

OR

ATTACH A COPY OF EACH CERTIFICATE OF TITLE

Fees:
*Change of Operator = **$nil***

Total # residences:

= …….

@ …….
date

Signed: ……..
operator

Date: .....

NOTE: Forward completed form to:
Office for Ageing Well, Department for Health and Wellbeing, Retirement Villages Unit, PO Box 196, Rundle Mall SA 5000
or
retirementvillages@sa.gov.au.