

**INFORMATION FOR DISCLOSURE STATEMENT**  
**as at 16th February 2024**

**Body Corporate** Name of Scheme: **HALCOMB COURT**  
Community Titles Scheme No: **9535**  
Lot Number: **4** Plan Number: **5669**

**Secretary** Name **Mandy Sinnamon**  
Address **PO Box 33**  
**NUNDAH QLD 4012**  
Telephone **3266 5633** Facsimile **3266 5866**

**Body Corporate** Name **Bright & Duggan (QLD) Pty Ltd**  
**Manager** Address **Level 1 Suite 2**  
**193 Ferry Road**  
**SOUTHPORT QLD 4215**  
Telephone **5532 1900** Facsimile **5531 2029**

Contributions and Levies	Levies Determined by the Body Corporate for this Lot				
	Administrative Fund	Amount	Due Date	Discount	If paid by
	01/10/23 to 31/12/23	\$801.88	01/10/23	Nil	01/10/23
	01/01/24 to 31/03/24	\$801.88	01/01/24	Nil	01/01/24
	01/04/24 to 30/06/24	\$698.12	01/04/24	Nil	01/04/24
	01/07/24 to 30/09/24	\$698.12	01/07/24	Nil	01/07/24
	01/10/24****31/12/24	\$750.00	01/10/24	Nil	01/10/24
	01/01/25****31/03/25	\$750.00	01/01/25	Nil	01/01/25
	Sinking Fund				
	01/10/23 to 31/12/23	\$172.38	01/10/23	Nil	01/10/23
	01/01/24 to 31/03/24	\$172.38	01/01/24	Nil	01/01/24
	01/04/24 to 30/06/24	\$186.12	01/04/24	Nil	01/04/24
	01/07/24 to 30/09/24	\$186.12	01/07/24	Nil	01/07/24
	01/10/24****31/12/24	\$179.25	01/10/24	Nil	01/10/24
	01/01/25****31/03/25	\$179.25	01/01/25	Nil	01/01/25

**LEGAL OR RECOVERY COSTS ACCRUING**

**Body Corporate** Name of Scheme: **HALCOMB COURT**  
Community Titles Scheme No: **9535**  
Lot Number: **4** Plan Number: **5669**

Improvements on  
Common  
Property for  
which Buyer will  
be Responsible

INFORMATION FOR DISCLOSURE STATEMENT (continued)

Body Corporate  
Assets Required to  
be Recorded on  
Register

**There are no assets required to be recorded.**

Committee

Information  
prescribed under  
Regulation  
Module

**Nil**

Signing

\_\_\_\_\_  
Seller/Sellers Agent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Buyers  
Acknowledgement

The Buyer acknowledges having received and read this statement from the Seller before entering into the contract.

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Additional Information

<b>Body Corporate</b>	Name of Scheme:	<b>HALCOMB COURT</b>			
	Community Titles Scheme No:	<b>9535</b>			
	Lot Number:	<b>4</b>	Plan Number:	<b>5669</b>	
<b>Lot Entitlements and Other Matters</b>	Interest Schedule	Aggregate	<b>6</b>	Entitlement of Lot	<b>1</b>
	Contribution Schedule	Aggregate	<b>6</b>	Entitlement of Lot	<b>1</b>
	Balance of Sinking fund at end of last Financial Year	<b>28,266.85</b>	as at	<b>30/09/23</b>	
	Insurance Levies not included in Administrative Fund Levies:				
	Monetary Liability under Exclusive Use By-Law	<b>Not applicable (TS)</b>			

Insurance	Type	Company	Policy No	Sum Insured	Due Date
	<b>BUILDING</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>2,153,627</b>	<b>20/06/24</b>
	<b>LOSS OF RENT</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>323,044</b>	<b>20/06/24</b>
	<b>COMMON AREA CONTENTS</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>21,536</b>	<b>20/06/24</b>
	<b>PUBLIC LIABILITY</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>20,000,000</b>	<b>20/06/24</b>
	<b>VOLUNTARY WORKERS</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>200,000/2,000</b>	<b>20/06/24</b>
	<b>FIDELITY GUARANTEE</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>100,000</b>	<b>20/06/24</b>
	<b>OFFICE BEARERS</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>1,000,000</b>	<b>20/06/24</b>
	<b>CATASTROPHE</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>646,088</b>	<b>20/06/24</b>
	<b>EXT COVER - RENT/TEM</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>96,913</b>	<b>20/06/24</b>
	<b>ESC IN COST OF TEMP</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>32,304</b>	<b>20/06/24</b>
	<b>STORAGE/EVACUATION</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>32,304</b>	<b>20/06/24</b>
	<b>GOVERNMENT AUDIT COS</b>	<b>CHU Underwriting Agencies</b>	<b>852697</b>	<b>25,000</b>	<b>20/06/24</b>

Mortgages or Securities over Body Corporate Assets	<b>Nil</b>
--	------------

## Additional Information (continued)

---

Body Corporate

Name of Scheme:

**HALCOMB COURT**

Community Titles Scheme No:

**9535**

Lot Number:

**4**

Plan Number:

**5669**

---

Latent or Patent  
Defects in  
Common  
Property or Body  
Corporate Assets

**This certificate only relates to the statements under Section 206 that the seller must give, it should also be noted that the seller is also required to warrant certain matters relative to defects liability under Section 223, this certificate does not extend to Section 223**

---

Actual or  
Contingent or  
Expected  
Liabilities of Body  
Corporate

---

Circumstances in  
Relation to  
Affairs of the  
Body Corporate

---

Exceptions to  
Statements in  
Clause 7.4(2)

# CONTRACTS REGISTER

## HALCOMB COURT CTS 9535

Contractor Name and Address <b>Bright &amp; Duggan (QLD) Pty Ltd</b> <b>Suite 2, Level 1</b> <b>193 Ferry Road</b> <b>SOUTHPORT QLD 4215</b>	Details of Duties <b>Administration</b>	Delegated Powers	Basis of Remuneration <b>Quarterly in Advance/\$170.00per Lot excl GST</b>
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	<b>2/01/2024</b> <b>2 years</b> <b>Cost Per Item</b> <b>Y</b>	Termination Date <b>31/12/2025</b>	<b>31/12/2025</b>
		Finance	
		Name of Financier	
		Date of Advice from Financier	
		Date of Withdrawal of Financier	
Contractor Name and Address <b>Energy Australia Pty Ltd</b> <b>Locked Bag 14060</b> <b>Melbourne VIC 8001</b>	Details of Duties	Delegated Powers	Basis of Remuneration <b>Billing based on usage</b>
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No	<b>1/07/2022</b> <b>24 months</b>	Termination Date	
		Finance	
		Name of Financier	
		Date of Advice from Financier	
		Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No		Termination Date	
		Finance	
		Name of Financier	
		Date of Advice from Financier	
		Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No		Termination Date	
		Finance	
		Name of Financier	
		Date of Advice from Financier	
		Date of Withdrawal of Financier	
Contractor Name and Address	Details of Duties	Delegated Powers	Basis of Remuneration
Commencement Date Term of Contract Options Copy of Agreement on File Workers Comp No		Termination Date	
		Finance	
		Name of Financier	
		Date of Advice from Financier	
		Date of Withdrawal of Financier	