



Disability Homes Investments

Strong Yields with the Power to Change Lives

EXPRESSION OF INTEREST

I/We hereby request that a contract be prepared and issued to my lawyer for the NDIS SDA compliant property mentioned below, and I/we will transfer **\$2,000** to the Trust account identified below.

Details of Buyer(s)

| | | | |
|--|--|-------------|--|
| Buyer 1 Name: (including middle name/s) | | | |
| Buyer 2 Name: (including middle name/s) | | | |
| Address: | | | |
| Home Phone: | | Work Phone: | |
| Mobile: | | Facsimile: | |
| Email: | | | |

Details of Guarantor(s) (If purchasing entity is a Company, Trust or Self-Managed Superannuation Fund)

| | | | |
|--|--|------------|--|
| Guarantor 1 Name: (including middle name/s) | | | |
| Guarantor 2 Name: (including middle name/s) | | | |
| Address: | | | |
| Phone: | | Facsimile: | |

Property Details

| | | | |
|--|---|----|-------------------------------|
| Property Address | Lot 46 Coventry Lane, Hamlyn Terrace, Central Coast. 2259 | | |
| Please register my/our interest in the property situated at: | Lot No: | 46 | Purchase Price: \$ 285,000.00 |
| Initial Deposit paid: | \$ 2,000 | | |
| Build Type, Price & Total | Choice 3H \$600,500 = Total \$885,500 | | |

Details of Solicitor (Required before EOI can be processed)

| | | | |
|-----------------|--|------------|--|
| Firm: | | | |
| Contact Person: | | | |
| Address: | | | |
| Phone: | | Facsimile: | |
| Email: | | | |

I/We request that Disability Homes Investments ("DHI") prepare and issue a contract of sale (the "Contract") on the basis of the details I/We have provided within this document. In making this request, I/We acknowledge that:

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- ✓ A land contract & a build contract will be issued in the name or names nominated above
 - ✓ This expression of interest ("EOI") is only accepted on the basis that I am/we are capable of entering into the Contract;
 - ✓ This EOI is NOT a binding commitment for any party and no contract is formed until the Contract documents are properly completed and signed by both parties;
 - ✓ If I/We have submitted this EOI without all items in the "Details of Solicitor" section completed, that I/We must supply these details to DHI within 3 days of the date of this EOI, failing which, this EOI may be terminated and the property relisted for sale;
 - ✓ I/We understand that the initial deposit paid by me/us remains fully refundable until the Contract is properly completed and signed by both parties; and

I/We have received a copy of this Expression of Interest:

| | |
|--|----------------------|
| _____ Interested Party | _____ Date |
| _____ Interested Party | _____ Date |
| _____ Signed on behalf of the Seller | _____ Date |

Holding deposit payment made by Bank Deposit.

For bank deposits our Trust Account details are as follows:

| | |
|----------------------|--|
| Account Name: | NDISP Real Estate Trust Account |
| BSB: | 064 103 |
| Account No: | 1036 9825 |
| REF: | DHI: Your Name |

Should you have any questions or queries regarding your deposit please do not hesitate to contact us on 0449 877 118. Please email these completed forms to kevin@disabilityhomes.net.au



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