



# Lease Agreement & Application Form

This Agreement is made the \_\_\_\_\_ day of \_\_\_\_\_ 2017

Between

RESERVE VAULT AUSTRALIA PTY LTD ABN 73 154 626 285 of 102 Adelaide Street Brisbane 4000 (hereinafter known as the LESSOR)

And

The party whose details and signature appear below (hereinafter known as the LESSEE)

## Customer Details

**Individual**

Prefix

Mr  Mrs  Ms  Miss

Surname

\_\_\_\_\_

Given Name(s)

\_\_\_\_\_

ABN (if applicable)

\_\_\_\_\_

**Access/Attendances**

All directions for account  **Joint Names only** OR  **Either Individual**

All attendances to Vault  **Jointly only** OR  **Individual**

**Joint Names**

Prefix

Mr  Mrs  Ms  Miss

Surname

\_\_\_\_\_

Given Name(s)

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Prefix

Mr  Mrs  Ms  Miss

Surname

\_\_\_\_\_

Given Name(s)

\_\_\_\_\_

Contact Person

\_\_\_\_\_

**Trust/ Super fund**

Name of Trustee

\_\_\_\_\_

Name of Trust

\_\_\_\_\_

ACN (if corporate trustee)

\_\_\_\_\_

ABN

\_\_\_\_\_

Primary Contact Person

\_\_\_\_\_

Position

Directors of Trust

\_\_\_\_\_

\_\_\_\_\_



**RESERVE VAULT**

*Company*

**Company Name**

**ACN**

**ABN**

**Contact Person**

**Position**

**Other Parties**

**(Directors, executive etc)**

  
  
  

**Customer Contact Details**

**Street Address**

**Postal Address**

**Telephone No.**

**Fax No.**

**Email**

**Mobile**

**Emergency Contact Details (Not your Second Registered person)**

**Name**

**Telephone No.**

**Email**

**Name**

**Telephone No.**

**Email**



RESERVE VAULT

**Account Details**

**Product**

**Safe Deposit Box**       Extra Small    Small    Medium    Large    Extra Large

**Custodial Bullion Storage**      ( Refer to Schedule of Fees )

**Bullion Locker Safe**       Small    Medium    Large

**Bullion Digital Safe**

**Private Document Wallet – Tamper Evident**

**High Security Safe**       2 Tonne    3 Tonne

**Fire Resistant Drawer**

<b>Lease Term – Start Date</b>	<input type="text"/>	<b>End Date</b>	<input type="text"/>
<b>Lease fees</b>	\$ (refer to Schedule of Fees)		
<b>Nominated Value of Goods</b> (see clauses 16 and 21)	\$ (Administration Fees apply for amounts over \$10,000, refer to Schedule of Fees)		
<b>Refundable Deposit</b>	\$		
<b>Lock/Combination/Admin</b>	\$		
<b>Total Payable</b>	\$		

**Registered Persons for Access (each Registered Person is required to provide a valid driver licence or passport for verification on attendance)**

**Registered Person 1**

**Prefix**       Mr    Mrs    Ms    Miss

**Surname**     

**Given Name(s)**     

**Residential Address**     

**Telephone No.**            **Date of Birth**     

**Email**            **Mobile**     

**Registered Person 2**

**Prefix**       Mr    Mrs    Ms    Miss

**Surname**     

**Given Name(s)**     

**Residential Address**     

**Telephone No.**            **Date of Birth**     

**Email**            **Mobile**



**RESERVE VAULT**

**Registered Person 3**

**Prefix**

Mr  Mrs  Ms  Miss

**Surname**

**Given Name(s)**

**Residential Address**

**Telephone No.**

**Date of Birth**

**Email**

**Mobile**

**Acknowledgement & Signature**

The Customer:

- (a) Has received and agree to abide by the Terms and Conditions included with this application;
- (b) Acknowledges that Reserve Vault Australia reserves the right to issue special conditions from time to time (which may amend or supplement the Terms and Conditions, and the Customer agrees to also abide by those special conditions);
- (c) Acknowledges that only the Terms and Conditions included in this application as amended from time to time apply to this Agreement;
- (d) Certifies that the Customer or the persons nominated by the Customer is authorised to make this application;
- (e) Certifies that all information supplied in this application is correct and Reserve Vault Australia can rely on the accuracy of the information; and
- (f) State that at the date of this application the Customer is able to pay debts as and when they fall due.
- (g) Acknowledges that any Nominated Value specified in this Application Form may be accepted or declined by Reserve Vault Australia in its absolute discretion (including if its insurer does not agree to that Nominated Value applying).


**Full Name of Customer 1 (print)**

**Signature** (2 Directors to sign if the Customer is a Company, Joint Account or a Corporate Trustee)

**Date**

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**Full Name of Registered Person 2 (print)**

**Signature**

**Date**

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**Full Name of Registered Person 3 (print)**

**Signature**

**Date**

**KEYS RECEIVED**

Quantity of Keys given \_\_\_\_\_ Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date

**INTERNAL USE ONLY**

ID Verification Checked: YES / NO

Licence/ID: \_\_\_\_\_

Lease: \_\_\_\_\_

Box/Safe: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

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