

## (SD-FO-222) APPLICATION FOR DEED OF INDEMNITY

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**Application No:** \_\_\_\_\_

**DEED  
REQUIRED FOR**

☐ **Over the Site**

☐ **Adjacent to the Site**

**Applicant** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Name of Person  
to Contact** \_\_\_\_\_

**Phone No** \_\_\_\_\_ **Mobile No** \_\_\_\_\_

**Full Name of  
Owner(s)** \_\_\_\_\_

**Address where  
deed is required** **House No** \_\_\_\_\_ **Street/Road** \_\_\_\_\_

**Town** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Lot** \_\_\_\_\_ **Section** \_\_\_\_\_ **DP** \_\_\_\_\_

**Postal Address  
(if different )** \_\_\_\_\_

**DA No** \_\_\_\_\_  
If applicable

**FIVE (5) WORKING DAYS NOTICE IS REQUIRED**

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Receipt No:** \_\_\_\_\_ **Amount** \$ \_\_\_\_\_