Policy Number EKA554915HPK

Client Number EK074220 Client Name PHALANX PTY LTD



Insurance

27 May 2018

Notice Sent Via: Elders Insurance ELDERS INSURANCE GERALDTON ABN: 32 485 660 098 PHALANX PTY LTD P O BOX 155 WA 6536 **KALBARRI**

ERIN GOULD & JEREMY FINCH 21 BRADFORD STREET GERALDTON WA 6530 (F) 0899658256

(P) 0899658277

(E) geraldtoninsurance@elders.com.au

Dear SIMONE

Thank you for choosing to insure with Elders Insurance. I am pleased to enclose your Renewal

Protection of your valuable assets is important, so we encourage you to read the enclosed notice and schedule carefully to ensure your Policy details are accurate and the cover provided suits your insurance needs. It is advisable to keep these documents in a safe place.

Your annual premium is \$1,222.44 including the Service fee. Your insurance policy is due to expire at 8 July 2018 unless you advise otherwise.

Did you know that you can choose from a number of payment methods? You can choose to pay by BPAY, Credit Card, Cheque, Cash or by including monthly instalments. Please refer to the next page for further details or contact this office if you wish to discuss the alternative methods of payment.

Please refer to the Important Information attached.

Elders Insurance offers a special service for handling claims. In most cases we will handle your claims locally, supporting local business, tradespeople and suppliers, whenever practical. We understand the varying needs of our customers and are proud to provide local, face-to-face service.

I appreciate the opportunity to continue assisting you with your insurance needs. If you have any questions about the Policy, or your insurances, please do not hesitate to contact this office on 0899658277.

Yours faithfully,

ELDERS INSURANCE GERALDTON **Elders Insurance Authorised Representative**





Policy Number EKA554915HPK

Client Number EK074220 Client Name PHALANX PTY LTD



Insurance

PHALANX PTY LTD P O BOX 155 WA 6536 KALBARRI

Notice Sent Via: Elders Insurance ELDERS INSURANCE GERALDTON

ABN: 32 485 660 098

ERIN GOULD & JEREMY FINCH

21 BRADFORD STREET GERALDTON WA 6530

(P) 0899658277

(F) 0899658256

(E) geraldtoninsurance@elders.com.au

Period of Insurance From 08/07/2018 To 08/07/2019 at 4pm

Your Policy expires at 4.00pm on the FROM DATE. To arrange cover please check that the Sum(s) Insured and Policy wording meet your needs. If any change is needed, please tell us and then pay the premium before the FROM DATE.

The Insured

PHALANX PTY LTD



Payment Advice/Options



If payment is by cheque or credit card please detach this Payment Advice and forward to:

ELDERS INSURANCE GERALDTON ERIN GOULD & JEREMY FINCH 21 BRADFORD STREET GERALDTON WA 6530

Please make Cheque payable	to: Elders Insurance
Payment by Credit Card	

Please make Cheque payable to: Elders insu Payment by Credit Card	nanoo	
MasterCard Visa		
Credit Card Account	Expiry Date	
Name	Date	
Signature		



Biller Code: 106591 Ref: 0401554915005

Telephone & Internet Banking - BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account. More info: www.bpay.com.au

Client name:

PHALANX PTY LTD

Client Number: EK074220

Policy Number: EKA554915HPK

Agent Number: EK0050050

Total Amount Payable

\$1,222.44

Due Date

08/07/2018

Policy Number EKA554915HPK

Client Number EK074220 Client Name PHALANX PTY LTD



Insurance

PHALANX PTY LTD P O BOX 155 WA 6536 KALBARRI

Elders Insurance ELDERS INSURANCE GERALDTON ABN: 32 485 660 098 ERIN GOULD & JEREMY FINCH 21 BRADFORD STREET GERALDTON WA 6530

Period of Insurance From 08/07/2018 To 08/07/2019 at 4pm

The Insured

PHALANX PTY LTD

Home Location Summary

Address

U 1 22 WAIKIRI PDE KALBARRI WA 6536

This document becomes your Policy Schedule and Tax Invoice/Adjustment Note on payment.

Total Premium and Charges

Total Freimann arm	ADM	None Noted
	\$993.94 ABN	110
Premium	NIL	
Levies	\$99.40	
GST	\$109.30	
Stamp Duty	\$18.00	
*Intermediary Service Fee	\$1.80	
*Intermediary Service Fee Go	\$1,222.44	
Total Premium	alculated under the relevant States/Territo	ory Duties Act, base
id in C	alculated under the relevant	

The amount of stamp duty paid is calculated under the relevant States/Territory Duties Act, based on where the risks, properties, contingencies or events are located.

*Invoiced for and on behalf of Elders Insurance Authorised Representative.



Policy Number EKA554915HPK

Client Number EK074220 Client Name PHALANX PTY LTD



Insurance

Cover Details continued

Additional Clauses

- *** AFTER PAYING THE AMOUNT PAYABLE, SHOULD YOU NEED CONFIRMATION OF
- **** THIS TRANSACTION, PLEASE PHONE 0899658277
- *** FOR ANY OTHER ENQUIRIES ABOUT YOUR POLICY PLEASE CONTACT YOUR
- *** LOCAL OFFICE ON THE NUMBER LISTED ON YOUR PAYMENT SLIP BELOW.

This completes your policy.





The Trustee for Fenn Family Trust trading as Fenn Plumbing & Gas PO Box 306 Kalbarri WA 6536 0448 820 157 ABN 74 755 742 108



Tax Invoice

INVOICE TO

Nathan and Simone Chalmers 22 Waikiri Parade

kall	parri WA 6536				
		TOTAL DUE	DUE DATE	TERMS	ENCLOSED
INVOICE NO.	DATE			Net 15	
1499	22/07/2018	A\$231.00	06/08/2018	Net 10	

		QTY	RATE	AMOUNT	GST
DATE	ACTIVITY		110.00	55.00	GST
19/07/2018	Hours time spent to change over relief valves on hot water unit at unit due to not relieving. 1x plumber and 1x	0.50	110.00		
19/07/2018	apprentice materials 1x cold relief	1	155.00	155.00	GST
	1x hot relief	SUBTO	OTAL		210.00
		GST T	OTAL		21.00
		TOTAL			231.00
		BALA	NCE DUE	A\$	231.00
BAS SUMMARY	(COT			NET
	RATE	GST			210.00
	GST @ 10%	21.00			

Bank Details: Account: Fenn Plumbing and Gas 066-512 BSB: Number: 1059-9743



PHALANX PTY LTD **PO BOX 155**

KALBARRI WA 6536

Water Use and Service Charge Account

20 July 2018 Issue date

0072 Bill ID

երլելիդյորդրերերիր_իե 002535 001000 053D

90 14003 03 5 Account number

\$301.79 Please pay

6 Aug 2018 Payment due by

Account for VILLA HOUSE AT UNIT 1 / 22 WAIKIRI PDE KALBARRI LOT 5 Strata lot 1

Daily water use comparison 1250 -1000 -750 -500 -250 -Litres (L)

250 L/day

Previous period

Your account summary (GST does not apply to this account)

Your account summer y		Amount
Description		
Current charges due 6 August 2018	Carlotte Harris	\$301.79
and the second of the second o	Total	\$301.79

Turn over for important information

\$80.69 excess water paid by tennants

PAID FROM CONTRIBUTIONS

PAID FROM AIC 18182001

Interest is charged on overdue amounts @ 11.71% p.a.

219 L/day

This period

last year

Payment slip

Enquiries?

750 L/day

This period

Need your account in an alternative format?

Please call us on 13 13 85.

Concession Application

If you have a valid Concession Card and are the owner and occupier of this property, call 1300 659 951 or go to watercorporation.com.au/concessions to apply.

Need more time to pay?

Visit watercorporation.com.au/financialassistance or call 1300 659 752.

Interpreter Services 13 14 50

Hearing or speech impaired?

Phone us via the National Relay Service on 133 677.

Website: watercorporation.com.au/contact Faults and Emergencies: (24/7) 13 13 75

UNIT 1 / 22 WAIKIRI PDE KALBARRI LOT 5

90 14003 03 5 Account number

\$301.79 Please pay

6 August 2018 Payment due by





*690 9014003035 00240542

23

B1



IF THE NAME OR ADDRESS

PLEASE COMPLETE

ADVICE OF CHANGE OVERLEAF

IS INCORRECT

IIRE OF NORTHAMPTON

ABN 13 596 797 267 COUNCIL OFFICE: HAMPTON ROAD P.O. BOX 61, NORTHAMPTON, W.A. 6535 TELEPHONE: (08) 9934 1202 FAX: (08) 9934 1072

OFFICE HOURS: MON - FRI 8.00 a.m. - 4.30 p.m.

RATE NOTICE

PHALANX PTY LTD **PO BOX 155** KALBARRI WA 6536

I/WE ELECT TO PAY ACCORDING TO OPTION

TAX INVOICE

FOR YEAR ENDING 30TH JUNE 2019

CHIEF EXECUTIVE OFFICER G L KEEFFE DATE ISSUED 21.08.2018

ASSESSMENT NUMBER

A3955

(1st INSTAL.)

OPTION

NOTICE OF VALUATION AND RATE, LOCAL GOVERNMENT ACT 1995 AND WARR ACT 2007

NOTICE IS HEREBY GIVEN THAT THE COUNCIL OF THE SHIRE OF NORTHAMPTON HAS ORDERED AND DIRECTED THAT THE UNDERMENTIONED LAND OF WHICH YOU ARE THE OWNER IS VALUED AND RATED AS HEREIN SPECIFIED.

ARTING DETAIL ARTING DETAIL BATE IN S OR CHARGE PER SERVICE CURRENT ARREARS TOTAL S550.00 CHARGE PER SERVICE CURRENT ARREARS TOTAL S795.16 \$795.16 \$877.16 Emergency Services Levy 0.5070 \$82.00 \$82.00 \$887.16 Emergency Services Levy 0.1746 \$17.98 \$895.14 KAL TOURISM SPECIFIED RATE KALBARRI RESIDENTIAL REFUSE GST is nil PAYMENT OPTIONS DUE DATE 05.10.2018 \$1,225.14 PTION 1 PAYMENT DUE - IF PAID IN FULL PAYMENT OPTIONS DUE DATE 05.10.2018 \$1,225.14 PTION 2 PAYMENT DUE - IF PAID IN FULL PAYMENT OPTIONS DUE DATE 05.10.2018 \$1,225.14 DUE DATE 05.10.2018 \$1,225.14 DUE DATE 05.10.2018 \$1,235.07 DUE DATE 05.10.2018 \$133.74 S13.35 DUE DATE 07.12.2018 \$131.35 TOTAL COST \$ 1,235.07 DUE DATE 07.12.2018 \$131.35 TOTAL COST \$ 1,254.39 ATH INSTALMENT DUE DATE 05.04.2019 S13.35 TOTAL COST \$ 1,254.39 ATH INSTALMENT DUE DATE 05.04.2019 S13.35 TOTAL COST \$ 1,254.39 ATH INSTALMENT DUE DATE 05.04.2019 S13.35 TOTAL COST \$ 1,254.39 ATH INSTALMENT DUE DATE 05.04.2019 S13.35 TOTAL COST \$ 1,254.39 ATH INSTALMENT DUE DATE 05.04.2019 S13.35 SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS OFFICE COPY. DILY PAYMENT OPTIONS AND PAYMENT OPTIONS PAYMENT OPTIONS AND PAYMENT OPTIONS OPTION 1		R OTHER INFORMATION 1(072) 12	ALBARRI		WAF	RD KALE	BARRI	
RATE IN S OR CHARGE PER SERVICE CURRENT ARREARS TOTAL						DUE DATE 05	10.2018	1
KALBARRI Emergency Services Levy ESL Category 4, Property Use Residential, GRV \$10,296 KAL TOURISM SPECIFIED RATE KALBARRI RESIDENTIAL REFUSE O.1746 \$17.98 KAL TOURISM SPECIFIED RATE KALBARRI RESIDENTIAL REFUSE O.1746 \$17.98 KAL TOURISM SPECIFIED RATE KALBARRI RESIDENTIAL REFUSE OPTION 1 PAYMENT DUE - IF PAID IN FULL PAYMENT OPTIONS DUE DATE 05.10.2018 1.225.14 PAYMENT OPTION 2 PAYMENT BY TWO INSTALMENTS INSTALMENT CHARGE \$ '9.33 TOTAL COST \$ 1,235.07 DPTION 3 PAYMENT CHARGE \$ '9.33 INSTALMENT CHARGE \$ '9.34 INSTALM	LOTTITO		RATE IN \$ OR	CURRENT	ARF	03	16.1.0.	
PTION 1 PAYMENT DUE - IF PAID IN FULL PTION 2 PAYMENT BY TWO INSTALMENTS INSTALMENT SINSTALMENT CHARGE \$ 1,235.07 DPTION 3 PAYMENT BY FOUR INSTALMENTS INSTALMENT SINSTALMENT CHARGE \$ 1,235.07 DPTION 3 PAYMENT BY FOUR INSTALMENTS INSTALMENT SINSTALMENT SIN	KALBARRI Emergency S ESL Categor KAL TOURI KALBARRI	Services Levy ry 4, Property Use Residential, G ISM SPECIFIED RATE	7.7230 0.5070 GRV \$10,296 0.1746	\$795.16 \$82.00 \$17.98				\$877.16 \$895.14
POPTION 2 PAYMENT BY TWO INSTALMENTS INSTALMENT 2ND INSTALMENT DUE DATE 05.10.2018 \$ 617.57 \$ 617.50 \$		T SUE LE PAID IN FULL	PAYMENT O	PTIONS	DUE DATE 05	5.10.2018	\$	1,225.14
POPTION 3 PAYMENT BY FOUR INSTALMENTS INSTALMENT CHARGE \$ 2.25 INSTALMENT DUE DATE 05.04.2019 INSTALMENT DUE DATE 05.04.2019 INSTALMENT INCLUDES ALL ARREARS OF RATES & CHARGES NOTE: 1ST INSTALMENT INCLUDES ALL ARREARS OF RATES & CHARGES NOTE: 1ST INSTALMENT INCLUDES ALL ARREARS OF RATES & CHARGES NOTE: 1ST INSTALMENT INCLUDES ALL ARREARS OF RATES & CHARGES NOTE: 1ST INSTALMENT INCLUDES ALL ARREARS OF RATES & CHARGES NOTE: 1ST INSTALMENT DUE DATE 05.04.2019 INSTALMENT OF RATES & CHARGES SEE OVER FOR MORE IMPORTANT INFORMATION AND PAYMENT OPTIONS OFFICE COPY ONLY OFFICE COPY ONLY Tolephone & Instrument of Parameters and Parameters of Parame	PTION 2	DAYMENT BY TWO INSTALMENTS	1ST 2NI					
POPTION 3 PAYMENT BY FOUR INSTALMENTS INSTALMENT CHARGE \$.2.25 INSTALMENT CHARGE \$.225 INSTALMENT CHARGE \$.2.25 INSTALM		TOTAL COST \$ 1,235.07						212.74
POSTAL REMITTANCES: NO RECEIPT WILL BE ISSUED UNLESS: (1) THE NOTICE IS RETURNED INTACT WITH REMITTANCE AND (2) THIS BOX IS TICKED IF NO RECEIPT IS REQUIRED RETAIN TOP PORTION FOR YOUR RECORDS AND RETURN LOWER PORTION WITH REMITTANCE SHIRE OF NORTHAMPTON P.O. BOX 61, NORTHAMPTON 6535 DUE DATE FOR PAYMENT 05.10.2018 ASSESSMENT NUMBER A3955 OWNER PHALANX PTY LTD OWNER OPTION SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATI AND PAYMENT OPTIONS SEE OVER FOR MORE IMPORTANT INFORMATION INFORMA	OPTION 3	PAYMENT BY FOUR INSTALMENT INSTALMENT CHARGE \$	1S 2N 3R 4T	ND INSTALMENT RD INSTALMENT TH INSTALMENT	DUE DATE DUE DATE	07.12.2018 01.02.2019 05.04.2019	\$\$\$\$	313.55 313.55
IF NO RECEIPT IS REQUIRED RETAIN TOP PORTION FOR YOUR RECORDS AND RETURN LOWER PORTION WITH REMITTANCE SHIRE OF NORTHAMPTON P.O. BOX 61, NORTHAMPTON 6535 DUE DATE FOR PAYMENT 05.10.2018 ASSESSMENT NUMBER A3955 OWNER PHALANX PTY LTD OWNER OFFICE COPY ONLY Biller Code: 254466 Ref: 1000039557 Telephone & Internation to make this payment from your Contact your bank or finest Banking - BPA'S Pay Online: www.northamp OPTION 1 (1st INSTAL.) 617.57		NOTE: 1ST IN					E IMPORT	ANT INFORMATION
SHIRE OF NORTHAMPTON P.O. BOX 61, NORTHAMPTON 6535 DUE DATE FOR PAYMENT 05.10.2018 ASSESSMENT NUMBER A3955 OWNER PHALANX PTY LTD OWNER OF NORTHAMPTON 6535 OWNER OF NORTHAMPTON 6535 DUE DATE FOR PAYMENT 05.10.2018 ASSESSMENT NUMBER A3955 OPTION 1 Issuer: 10000339557 Ref: 1000039557 Ref: 100003957 Ref: 100003957 Ref: 100003957 Ref: 1000003957 Ref: 100003957 Ref: 100003957 Ref: 100003957 Ref: 100003957 Re	(1) THE NOTICE I	AS RECURRED BETAIN TOP PORTION F		OFFICE COPY O		29/8	8/18	
OWNER PHALANX PTY LTD OPTION 1 (1st INSTAL.) 617.57	SHIRE OF P.O. BOX 61, N	NORTHAMPTON IORTHAMPTON 6535 ATE FOR PAYMENT 05.	5.10.2018 Telephone Contact your cheque, savin	ne & Internet Banking - BPA ir bank or financial institution to makings, debit, credit bard or transaction from au ed to BPAY Pty Ltd ABN 69	DAY® tke this payment from your on account. More info: 0 079 137 518		Cust R	ef: 100003955 liline: www.northampt PAYMENT DETAIL
Translation Committee	OWNER	PHALANX PTY LTI				2 (1st INSTA	AL.)	617.57

(INSERT)

Tax Invoice



Ink Station Invoice #: A1798262

A.B.N. 34 135 131 770 CGA Trading Pty Ltd www.inkstation.com.au Email: sales@inkstation.com.au

Tel: 1300 655 943 **Fax:** 02 8208 9939 PO BOX 3308, Marrickville Metro, NSW 2204

Bill To:

Simone Chalmers 18 Bay Patch Street EAST FREMANTLE,WA 6158 Ship To:

Simone Chalmers 18 Bay Patch Street EAST FREMANTLE,WA 6158 Tel: 0893395184

Payment Method: Secure Credit Card

Zone: GREEN - A3/A5

A1708262

Order Date: 22-08-2018

	Zone: GREEN - A3/A5		A179826	2	-06-2016
QTY	Pre	oducts	Mode	Price (inc	Total (in- GST
1	5 Pack Genuine Epson T0561-T0564 series [2BK,1C,1M,1Y]		G_T0561-T056	\$95.69	\$95.69
				and the control of th	
			december one confession.	Representation of the second o	
			W. C. The Control of	Continuent of the continuent o	
				deserva in contract serva de las	
		Simone Chalmers 18 Bay Patch Street EAST FREMANTLE,WA 6158 Tel: 0893395184		Shi	**Total: \$95.69 pping: \$0.00 Total: \$95.69 10%): \$8.70 pping: \$0.00 \$0.00



Water Use and Service Charge Account

Issue date

20 September 2018

Bill ID

0073

PAID CONTRIBUTIONS
BIPAYES 7325691

<u> Իիլեվուրորդիկեր</u>

PHALANX PTY LTD PO BOX 155 KALBARRI WA 6536 053D 000217 001000

Account number

90 14003 03 5

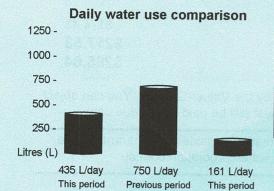
Please pay

\$265.64

Payment due by

8 Oct 2018

Account for VILLA HOUSE AT UNIT 1 / 22 WAIKIRI PDE KALBARRI LOT 5 Strata lot 1



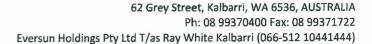
Your account summary (GST does not apply to this account)

Description		Amount
Current charges due 8 October 2018		\$265.64
norther certificates as the region shops a	Total	\$265.64

Turn over for important information

Interest is charged on overdue amounts @ 11.71% p.a.

last year





(ID:100039)

Trust Account Receipt

Tenancy Receipt

Received From:

Nathan & Simone Chalmers on behalf of Nathan & Simone Chalmers

i

Money Received:

22/10/2018

Receipt Completed:

23/10/2018

Receipt #:

1180

Jnit 1 Waikiri STRATA	, KALBARRI, WA	6536, AUSTRALIA
-----------------------	----------------	-----------------

Description		Amt Exc GST	GST	Amt Received
For Ownership	Strata Plan 48716 - 22 Waikiri Pde (ID:27)			
Rent:	Rent from 1/11/2018 to 30/04/2019 Part Payment \$0.02 - Effective Paid To* 30/04/2019	\$335.00	\$0.00	\$335.00
		\$335.00	\$0.00	\$335.00
Payment Method:	Direct Deposit			

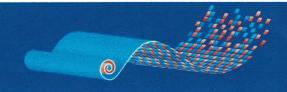
Receipted By:

Loni Visser



* This is the last day for which rent is fully paid.







Jupps Carpets & Ceramics Pty Ltd Trading as Jupps Floor Covering and Tile Specialists Geraldton 7 Anzac Terrace Geraldton WA 6530 PO Box 947 Geraldton WA 6531

Tel: (08) 9921 2661 Fax: (08) 9921 5058

ABN: 22 139 768 264

www.juppsfloorcoverings.com.au geraldton@juppsfloorcoverings.com.au Mon, Tue, Wed, Fri 8:30am - 5:30pm Thurs 8:30am - 7:00pm Sat 9:00am - 2:00pm

GO006340

TAX INVOICE

Sold To

SIMONE CHALMERS

KALBARRI, WA 6536

Ship To

SIMONE CHALMERS 1/22 WAIKIRI PDE KALBARRI, WA 6536

Invoice Date	Э	Tele #1	PO Number	Invoice Number
01/11/18		0458 027 020		GO006340
Inventory	Style/Item		Color/Description	
SLIMLINE	VENETIAN		LATTE	
VENETIAN VISION BLIND	VISION		FLORENCE OAK	

Unless stated above, this price does not include furniture movement, removal of existing floorcoverings or preparation of subfloor...

Our standard terms are 50% deposit with the balance payable upon the completion of the job. Any expense, cost or disbursements incurred by Jupps in recovering any outstanding monies, including debt collection commission, charges and legal fees along with Solicitor's costs incurred by Jupps; shall be paid by the Customer.

D8927022680. 50% = \$467.50 paid 2/11/18 Deposit Contributions A/C

Sales Representative(s): CHRISTINE NORRIS

GST Included:

\$85.00

Total Inc GST:

\$935.00

Deposit Paid:

\$0.00

				BALANCE DUE:	\$935.00
PAYMENT METHO	DDS	REMITTANCE ADVICE	Adapta and a second	Invoice #:	GO006340
Cash/Cheque		nwealth Bank BSB: 066-000 A/C 11361118			
EFTPOS	Jupps Carpets & Ceram	ics Pty Ltd		ONIONE OUR MEDO	
Mastercard	(Invoice number as refe	rence)		SIMONE CHALMERS	
				KALBARRI, WA 6536	
Card Number: _				10 1000	
Expiry Date:	/ CSV: _				
Name on Card:	-				
Signature:				DAI ANCE DIE.	ease no

Asteron Life Complete **Statement**



Part of the Suncorp Group

⊢ 001954 000

<u> բկովահոհՊերբիկնի</u>

Nathan And Simone Chalmers The Chalmers Superannuation Fund P O Box 155 KALBARRI WA 6536

8 October 2018

Dear Policy Owner

This is your insurance policy statement.

Your policy provides the opportunity to increase your cover from the upcoming policy anniversary to protect against inflation. The table on the reverse of this notice shows the cover and premium details if you wish to accept or decline the increase. The account from which it will be deducted is shown below.

As premiums are being deducted from your account there is no need to send any payment.

We take this opportunity to thank you for allowing us to provide your valuable cover. Asteron Life has a proud history of providing protection and financial security and we look forward to continuing our association with you for years to come.

If you wish to decline the increase in cover please contact us. We'll be happy to help.

Yours sincerely Asteron Life Customer Service

Life

Insured Person Mr Nathan Chalmers

Policy Number

E3073973

Cover

Policy Owner
The Chalmers Superannuation
Fund

Important Dates

- Policy anniversary 6 November each year
- Policy commencement 06/11/2014

Your Adviser

Suncorp Financial Services 1800 631 118

Customer Service



Internet

www.asteronlife.com.au

► See your Policy Benefits and Features over

Amount debited from your National Australia Bank Ltd. Northampton account ending with the numbers 231 each year.

\$1,246.67

Issuer: Suncorp Life & Superannuation Limited ABN 87 073 979 530 AFSL 229880

Customer Service GPO Box 68, Sydney NSW 2001 Ph: 1800 221 727 or 02 8275 3999 8am to 6pm EST

Fax: 1300 766 833 Email: life_customerservice@asteronlife.com.au

Web: www.asteronlife.com.au





Tenancy Invoice: Nathan & Simone Chalmers

Issued On:

17/10/2018

Due By:

31/10/2018

Tax Invoice #:

2068

Nathan & Simone Chalmers PO Box 155 KALBARRI WA 6536 AUSTRALIA

Property: Unit 1 Waikiri STRATA, KALBARRI, WA 6536, AUSTRALIA

Item #	Description	Amount Excl GST	GST	Amount Incl GST
1	Strata Levies 01/11/18-01/05/19	\$335.00	\$0.00	\$335.00
		\$335.00	\$0.00	\$335.00

Tenancy – Statement of Outstanding Items

Statement as at 11:42 AM 17/10/2018

#	Due	Description	Total Amount	Paid/Credited	Outstanding
2068	31/10/2018	Strata Levies 01/11/18-01/05/19	\$335.00	\$0.00	\$335.00
			Total Outstanding:		\$335.00

Held for Tenancy: \$0.00

Payment Advice

Account Name: Eversun Holdings Pty Ltd T/as Ray White Kalbarri

BSB: 066-512

Account #: 10441444

Please include your Tenancy Reference in the funds transfer description: 100039

PAID FROM CONTRIBUTIONS
22/10/18

REF # V6815997674



"Things you should know"

 $Please\ consider\ this\ important\ information\ alongside\ your\ Product\ Disclosure\ Statement,\ Policy\ Document\ and\ Schedule.$

Explaining premium increases

Insurance premiums increase from time to time and if you have noticed an increase to your premium in your Renewal Notice or Annual Statement it may be for a number of reasons:

- If your policy includes an indexation benefit to help maintain the value of your insurance against
 inflation, this will trigger an increase to your level of cover or sum insured and may cause an
 increase in the premiums you pay for your insurance.
- The indexation benefit may still be applied to level premiums and cause an increase to your premiums.
- If you have chosen, or the policy includes a stepped premium your premium may increase each year as you get older.
- We can also change premiums for all policies of the same kind, for example as a result of
 changes in government fees and charges or increased costs. When we do this we won't single
 your policy out for a premium increase. If we do apply an increase to your policy, we'll provide
 you with at least 30 days' notice and you'll be charged the new premium from your next policy
 anniversary.

If you have any further questions in regards to your premiums, please contact us.

Risks of cancelling or replacing an existing Life Insurance Policy

When you started your policy, your age, medical history, lifestyle and occupation may have been taken into consideration to calculate your premium and offer you cover. If you cancel your policy and re-apply for life insurance at a later date, either with us or another insurer, you may not be able to obtain the same level of cover for the same price or conditions, especially if your health has changed.

When you are considering replacing an existing policy it is important to remember that a new policy may offer different benefits and conditions. There may for example be different benefit waiting periods, limits and exclusions. You should ensure that any replacement cover continues to meet your needs and that you will not be disadvantaged in cancelling your existing cover.

Cancelling your insurance means you could be losing a valuable safety net. Even if you have some default cover inside super, this may not be accessible or provide enough cover to meet your needs at claim time.

If you have any further questions in regards cancelling or replacing a life Insurance policy, please contact us or speak to a financial adviser.

If your circumstances change

If you want to change the terms of your policy or are having difficulty meeting your payments, our friendly team of insurance specialists can answer all your questions.

Alternatively, if you feel your financial requirements are more complex and you require financial advice, you can turn to a financial adviser for help. Our contact details are provided in your renewal notice or annual statement.

What to do in the event of a claim

In the unfortunate event you need to make claim, one of our friendly staff will be there to help take care of you, your nominated beneficiaries or your legal personal representative. Please call us as soon as practical to notify us of the claim and we will provide you with a claim pack detailing what information we may need to assess your claim. For further information on what may be required please view our website or contact us using the details provided in your renewal notice or annual statement.

This document is issued by Suncorp Life & Superannuation Limited (Suncorp), ABN 87 073 979 530 AFSL No. 229880, for information and reference purposes only. It is intended to be used as a guide only and provide general information only and has been prepared without taking into account any persons individual objectives, financial situation or needs. We believe the information in this publication to be accurate and reliable but no warranty of accuracy or reliability of the information or of any information provided by any third party is given. This document is a guide only as to Suncorp's products and is not a substitute for your careful reading of the Product Disclosure Statement.

Asteron Life Complete Statement



Part of the Suncorp Group

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Nathan And Simone Chalmers The Chalmers Superannuation Fund PO Box 155 KALBARRI WA 6536

22 October 2018

Dear Policy Owner

This is your insurance policy statement.

Your policy provides the opportunity to increase your cover from the upcoming policy anniversary to protect against inflation. The table on the reverse of this notice shows the cover and premium details if you wish to accept or decline the increase. The account from which it will be deducted is shown below.

As premiums are being deducted from your account there is no need to send any payment.

We take this opportunity to thank you for allowing us to provide your valuable cover. Asteron Life has a proud history of providing protection and financial security and we look forward to continuing our association with you for years to

If you wish to decline the increase in cover please contact us. We'll be happy to help.

Yours sincerely Asteron Life Customer Service

Policy Number

E3073970

Cover Life

Insured Person Mrs Simone Chalmers

Policy Owner

The Chalmers Superannuation Fund

Important Dates

- Policy anniversary 19 November each year
- Policy commencement 19/11/2014

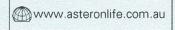
Your Adviser

Suncorp Financial Services 1800 631 118

Customer Service



Internet



➤ See your Policy Benefits and Features over

Amount debited from your National Australia Bank Ltd. Northampton account ending with the numbers 231 each year.

\$958.30

Issuer: Suncorp Life & Superannuation Limited ABN 87 073 979 530 AFSL 229880

Customer Service GPO Box 68, Sydney NSW 2001 Ph: 1800 221 727 or 02 8275 3999 8am to 6pm EST

Fax: 1300 766 833 Email: life_customerservice@asteronlife.com.au

Web: www.asteronlife.com.au

"Things you should know"

Please consider this important information alongside your Product Disclosure Statement, Policy Document and Schedule.



Explaining premium increases

Insurance premiums increase from time to time and if you have noticed an increase to your premium in your Renewal Notice or Annual Statement it may be for a number of reasons:

- If your policy includes an indexation benefit to help maintain the value of your insurance against inflation, this will trigger an increase to your level of cover or sum insured and may cause an increase in the premiums you pay for your insurance.
- The indexation benefit may still be applied to level premiums and cause an increase to your premiums.
- If you have chosen, or the policy includes a stepped premium your premium may increase each year as you get older.
- We can also change premiums for all policies of the same kind, for example as a result of
 changes in government fees and charges or increased costs. When we do this we won't single
 your policy out for a premium increase. If we do apply an increase to your policy, we'll provide
 you with at least 30 days' notice and you'll be charged the new premium from your next policy
 anniversary.

If you have any further questions in regards to your premiums, please contact us.

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Water Use and Service Charge Account

Issue date

23 November 2018

Bill ID

0074

Երրեկոլոր_ոյրերեկորեւ

PHALANX PTY LTD PO BOX 155 KALBARRI WA 6536 053D 002186 001000

Account number

90 14003 03 5

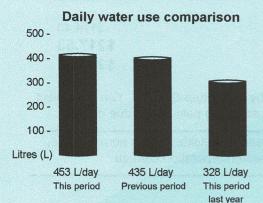
Please pay

\$269.21

Payment due by

10 Dec 2018

Account for VILLA HOUSE AT UNIT 1 / 22 WAIKIRI PDE KALBARRI LOT 5 Strata lot 1



Your account summary (GST does not apply to this account)

Description		Amount	
Current charges due 10 December 2018		\$269.21	
	Total	\$269.21	

Turn over for important information

Interest is charged on overdue amounts @ 11.71% p.a.

Enquiries?

Need your account in an alternative format?

Please call us on 13 13 85. Concession Application

If you have a valid Concession Card and are the owner and occupier of this property, call 1300 659 951 or go to watercorporation.com.au/concessions to apply.

Need more time to pay?

Visit watercorporation.com.au/financialassistance or call 1300 659 752.

Interpreter Services 13 14 50

Hearing or speech impaired?Phone us via the National Relay Service on 133 677.

Website: watercorporation.com.au/contact Faults and Emergencies: (24/7) 13 13 75

Payment slip

UNIT 1 / 22 WAIKIRI PDE KALBARRI LOT 5

Account number

90 14003 03 5

Please pay

\$269.21

Payment due by

10 December 2018





*690 9014003035 01527591

B1 - V3 0709



Tenancy Invoice: Nathan & Simone Chalmers

5/12/2018

19/12/2018

Nathan & Simone Chalmers PO Box 155 **KALBARRI WA 6536 AUSTRALIA**

PAID 9/12/18 Issued On:
Due By:

REF # V5203169387

3492

Property: Unit 1 Waikiri STRATA, KALBARRI, WA 6536, AUSTRALIA

Item #	Description	Amount Excl GST	GST	Amount Incl GST
1	Strata Levy balance for increase 01/11/18-30/04/19 period	\$30.00	\$0.00	\$30.00
		\$30.00	\$0.00	\$30.00

Tenancy - Statement of Outstanding Items

Statement as at 9:57 AM 5/12/2018

#	Due	Description	Total Amount	Paid/Credited	Outstanding
3492 19/12/2018	19/12/2018	Strata Levy balance for increase 01/11/18- 30/04/19 period	\$30.00	\$0.00	\$30.00
				Total Outstanding:	\$30.00

Held for Tenancy: \$0.00

Payment Advice

Account Name: Eversun Holdings Pty Ltd T/as Ray White Kalbarri

BSB: 066-512

Account #: 10441444

Please include your Tenancy Reference in the funds transfer description: 100039

