

400B 07/17

STANDARD COMMERCIAL/INDUSTRIAL PROPERTY LEASE (PART B)



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THE REAL ESTATE INSTITUTE
OF WESTERN AUSTRALIA (INC.)
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**Not for retail premises or other premises where the Commercial Tenancy
(Retail Shops) Agreement Act 1985 applies**

Particulars of the Lease

This document incorporates The Real Estate Institute of Western Australia (Inc.) 2017,
General Terms and Conditions of the Lease contained in the document attached.

Before using this document please read the notes at the front of the Real Estate Institute of Western Australia (Inc.)
2017 General Terms and Conditions of the Lease.

THIS LEASE is made 20

for the Premises at

1. Lessor:

Full Name:

Address:

Telephone: Work Home

Facsimile Email

ACN/ABN Mobile

2. Lessee:

Full Name:

Address:

Telephone: Work Home

Facsimile Email

Full Name:

Address:

Telephone: Work Home

Facsimile Email

(if a corporation) Name:

ACN/ABN

Postal Address:

Address of Registered Office:

Telephone Mobile:

Facsimile Email

Contact Name:

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3. Guarantor:

Full Name:

Address:

Telephone: Work Home Mob:

Facsimile: Email:

Full Name:

Address:

Telephone: Work Home Mob:

Facsimile: Email:

4. Premises:

~~The Land~~

*That part of the Land and Building situated at and known as

Ground Floor Commercial Office, 88 Marine Terrace, FREMANTLE ("the Premises"), being a gross lettable area of approximately 83 sqm (strata area: 89 sqm).

which is depicted as crosshatched or coloured on the annexed plan (if any).

* Delete the inapplicable

5. Land:

Lot on ~~Diagram/Deposited/Plan~~/Strata Plan and being the whole of the land in Certificate of Title
 Volume Folio

6. Term:

months/years commencing on the Date of Commencement.

7. Date of Commencement:

20

8. Further terms:

months/years commencing on 20

months/years commencing on 20

9. Rent:

From the Date of Commencement until varied the Rent is \$ per annum, payable by instalments of
 \$ per month in advance on the first day of each month. (Rent is exclusive of GST, see clause 30)

10. Rent review dates:

During the Term:

| | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Method <input type="text" value="C"/> Review Date <input type="text" value="26/09/2023"/> | Method <input type="text"/> Review Date <input type="text"/> |
| Method <input type="text"/> Review Date <input type="text"/> | Method <input type="text"/> Review Date <input type="text"/> |
| Method <input type="text"/> Review Date <input type="text"/> | Method <input type="text"/> Review Date <input type="text"/> |

During the Further Term:

| | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Method <input type="text" value="A"/> Review Date <input type="text" value="26/09/2024"/> | Method <input type="text"/> Review Date <input type="text"/> |
| Method <input type="text" value="C"/> Review Date <input type="text" value="26/09/2025"/> | Method <input type="text"/> Review Date <input type="text"/> |
| Method <input type="text"/> Review Date <input type="text"/> | Method <input type="text"/> Review Date <input type="text"/> |

Insert **A,B,C,D** or **E** for the Method of Rent Review.

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11. Method of Rent Review:

Subject to clause 18 the Rent applicable from and including each Rent Review Date specified in Item 10 above is calculated by one of the following methods of rent review:

- A Market Rent Review on that Rent Review Date
 B CPI Rent on that Rent Review Date
 C The Rent applicable immediately before that Rent Review Date increased by of that Rent.
 D The greater of a Market Rent Review and CPI Rent on that Review Date
 E

12. Lessor Chattels:

The Lessors Chattels included in the Lease are:

13. Rate of Interest:

15% per annum calculated on a daily basis.

14. Painting and decorating intervals:

Within three (3) months before the end of each Term and Further Term granted or at earlier Termination.

15. Public Risk Insurance:

\$20 million unless stated otherwise

16. Nature of Business and Permitted use:

The Permitted Use of the business is

17. Outgoings Payable by the Lessee:

| | THE LESSOR AGREES TO PAY (DENOTE WITH X) | THE LESSEE AGREES TO PAY (DENOTE WITH X) |
|--------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| (a) Water Drainage and Sewerage Rates | | X |
| (b) Local Authority Rates including fire services levy | | X |
| (c) Land Tax and MRIT | | X |
| (d) Interest Charges on Outstanding Rates and Taxes | | X |
| (e) Water Consumed Beyond Allowance | | X |
| (f) Fire Services | | X |
| (g) Cleaning, Including Window and Rubbish Removal | | X |
| (h) Grounds Repairs and Maintenance | | X |
| (i) Building Repairs and Maintenance of a Non-Structural Nature | | X |
| (j) Building Insurance | | X |
| (k) Plate Glass Insurance | | X |
| (l) Public Liability Insurance (to a minimum of \$10 million). | | X |
| (m) Property Management Fees | | X |
| (n) Common Area, Lighting and Power | | X |
| (o) Security | | X |
| (p) Toilet Requisites | | X |
| (q) Hot Water Systems Running and Repairs and Maintenance | | X |
| (r) Electricity and Gas and Telephone Services Consumed in the leased Premises | | X |
| (s) Air-conditioning Running and Repairs and Maintenance | | X |
| (t) Escalator & Lift: Running and Repairs and Maintenance | | X |
| (u) Strata Company Levy | | N/A |
| (v) Pest Control | | X |
| (w) Tenancy Cleaning | | X |
| (x) Other | | X |
| (y) | | |

18. Security Bond: \$

19. Bank Guarantee amount \$

20. Special Clauses:

Please see Annexure A marked Special Clauses.

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



ACCEPTANCE

SIGNED BY THE LESSOR OR THE LESSOR'S AGENT (individual) _____

SIGNED by ATF THE GOODALL SUPERANNUATION FUND
ROYCE LESLIE GOODALL

(FULL NAME)

DocuSigned by:  

Signature

in the presence of:

DocuSigned by: 

Signature of Witness

Zoe Dell'Agostino

Full name of Witness

22 Aquamarine Parade, KARNUP, WA 6176

Address of Witness

ACCOUNTANT

Occupation of Witness

(Corporation)

Full Name of Corporation

_____ ACN/ABN

ACN/ABN

EXECUTED BY THE LESSOR PURSUANT TO ITS CONSTITUTION AND THE CORPORATIONS ACT)
)
)
)
)



Sole / Director

Full Name of Director

SIGNED BY THE LESSOR OR THE LESSOR'S AGENT (individual) _____


SIGNED by ATF THE GOODALL SUPERANNUATION FUND
TRACEY KATHLEEN GOODALL

(FULL NAME)

DocuSigned by:  

Signature

in the presence of:

DocuSigned by: 

Signature of Witness

Zoe Dell'Agostino

Print full name of Witness

22 Aquamarine Parade, KARNUP, WA 6176

Address of Witness

ACCOUNTANT

Occupation of Witness

(Corporation)

Full Name of Corporation

_____ ACN/ABN

ACN/ABN

EXECUTED BY THE LESSOR PURSUANT TO ITS CONSTITUTION AND THE CORPORATIONS ACT)
)
)
)
)

Director / Secretary

Full Name of Director / Secretary

SIGN HERE

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ACCEPTANCE

SIGNED BY THE LESSEE (individual)

SIGNED by

{FULL NAME}

Signature

in the presence of:

Signature of Witness

Full name of Witness

Address of Witness

Occupation of Witness

SIGNED BY THE LESSEE (individual)

SIGNED by

{FULL NAME}

Signature

in the presence of:

Signature of Witness

Print full name of Witness

Address of Witness

Occupation of Witness

(Corporation)

Full Name of Corporation

ACN/ABN

EXECUTED BY THE LESSEE PURSUANT)
TO ITS CONSTITUTION AND THE CORPORATIONS ACT)
)
)
)

DocuSigned by:
Manuel Jardim X
70155000005404027

Sole / Director

Full Name of Director

(Corporation)

Full Name of Corporation

ACN/ABN

EXECUTED BY THE LESSEE PURSUANT)
TO ITS CONSTITUTION AND THE CORPORATIONS ACT)
)
)
)

Director / Secretary

Full Name of Director / Secretary



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ACCEPTANCE

SIGNED BY THE GUARANTOR (individual)

SIGNED by

(FULL NAME)

Signature

in the presence of:

Signature of Witness

Full name of Witness

Address of Witness

Occupation of Witness

(Corporation)

Full Name of Corporation

ACN/ABN

EXECUTED BY THE GUARANTOR PURSUANT TO ITS CONSTITUTION AND THE CORPORATIONS ACT))))))))

Sole / Director

Full Name of Director

SIGNED BY THE GUARANTOR (individual)

SIGNED by

(FULL NAME)

Signature

in the presence of:

Signature of Witness

Print full name of Witness

Address of Witness

Occupation of Witness

(Corporation)

Full Name of Corporation

ACN/ABN

EXECUTED BY THE GUARANTOR PURSUANT TO ITS CONSTITUTION AND THE CORPORATIONS ACT))))))))

Director / Secretary

Full Name of Director / Secretary

A true copy of this document has been received by each of the signatories hereto - together with a copy of the Real Estate Institute of Western Australia (Inc.) 2017 General Terms and Conditions of the Lease in the attached document.

DocuSigned by: Manuel Osedom 7D15D0C82549407...

DocuSigned by: 0E2A3D9F4BF54FD...

DocuSigned by: 7E900E6922514B0...



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