



Credit/Criminal Check Consent Form

By signing this form, I acknowledge that I have acquainted myself with the Equestria Estate Privacy Policy and hereby consent to and authorises the Equestria Estate Homeowners Association NPC (hereinafter referred to as "Equestria Estate") at any stage during the application process or my tenancy within the Estate:

- To contact, request and obtain my personal information from any credit provider (or potential credit provider) or registered credit bureau relevant to an assessment of the behaviour, profile, payment patterns, indebtedness, whereabouts, and creditworthiness;
- To furnish my personal information concerning my behaviour, profile, payment patterns, indebtedness, confirmation of income (payslip) whereabouts, and creditworthiness to any registered credit bureau or any credit provider (or potential credit provider) seeking a trade reference regarding my dealings with the landlord, owner or agent.

As part of the resident registration process, Equestria Estate requires a criminal history background check. Your personal information may therefore be used during the pre-registration process to perform a criminal background check. I confirm that:

- I have been advised that upon request, I will be provided with the name, address, and telephone number of the reporting agency and the nature, substance, and source of all information obtained.
- I will provide Equestria Estate with my criminal background check results if I have obtained such results from another reporting agency.

Applicant 1:

Full Names		Surname	
Identity Number		Contact Number	
Physical Address			
Unit Number		Suburb	
Complex Name		City	
Street Name and Number		Postal Code	

Signed on this _____ day of _____ 20__ at _____ (place)
before the following witness

Applicant Signature: _____

Witness Full Name: _____ Witness Signature: _____

Applicant 2 (If applicable):

Full Names		Surname	
Identity Number		Contact Number	
Current Physical Address			
Unit Number		Suburb	
Complex Name		City	
Street Name and Number		Postal Code	

Signed on this _____ day of _____ 20__ at _____ (place)
before the following witness

Applicant Signature: _____

Witness Full Name: _____ Witness Signature: _____

OFFICE USE ONLY:

☐ Criminal Check Completed

☐ Checks Completed by Estate

Checks Done By: _____

☐ Credit Check Completed

☐ Check Completed by 3rd Party