

## (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 \_\_\_\_\_

Email \_\_\_\_\_

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 \$ \_\_\_\_\_