



MBFF Office Use	
Certificate No.
Paid
Fax Certifier
Fax Builder
Fund Reference No

MASTER BUILDERS NT FIDELITY FUND

APPLICATION BY OWNER BUILDER

When this form is complete, please deliver, post, email or fax it to:

Office: Terminal One Building
11/396 Stuart Highway, Winnellie, NT 0820

Postal Address: PO Box 37121
Winnellie, NT, 0821

Email: fidelityfund@mbant.com.au

Fax: 08 89229600

Contact Us: 08 89229680

PROPERTY DETAILS

LOT No**STREET No**

STREET

SUBURB/TOWN.....

OWNERS DETAILS

FULL NAME

ADDRESS

CONTACT DETAILS (PH).....**(MOBILE)**.....

EMAIL.....

FULL NAME

ADDRESS

CONTACT DETAILS (PH)..... **(MOBILE)**

EMAIL.....

HAVE YOU EVER BEEN BANKRUPT YES/ NO

HAVE YOU EVER BEEN CONVICTED OF A DISHONESTY OFFENCE YES/ NO

HAVE YOU EVER BEEN A DIRECTOR OF A BUSINESS THAT WAS INSOLVENT YES/NO

If yes please provide details:

PROJECT DETAILS

NATURE OF PROJECT **NEW BUILD / EXTENSION** (Please strike out whichever is not applicable)

VALUE OF PROJECT \$.....

CONSTRUCTION PERIOD.....**WEEKS.** **SIZE OF PROJECT****M2**

PROPOSED COMMENCEMENT DATE / /**2014**

MORTGAGEE..... (Insert name)

ENGINEER..... (Insert Name)

CERTIFIER..... (Insert Name)

DECLARATION

I/we declare that the information provided is true and correct. I/we acknowledge that the Master Builders NT Fidelity Fund reserves the right to reject any application for cover and may require any additional information and undertakings before issuing cover.

I/we give express authority to the Fund to disclose any personal information for the assessment of this application, administration of the cover or any other matter necessary in respect of this project.

I/we agree to allow any representative of the Fidelity Fund to enter and inspect all works for which a certificate of cover has been issued.

I/we understand that by accepting this application form, that the Fund has not agreed to provide cover and the Fund reserves the right to seek further information prior to approval.

SIGNED BY ALL OWNERS

Signature / /2014

(Please Print Full Name)

Signature / /2014

(Please Print Full Name)

OFFICE USE ONLY

- 1. Application Received / /2014
- 2. Incomplete – letter sent / /2014
- 3. Received Complete on / /2014
- 4. To Assessor / /2014