

# Vendor Transparency Document

Address: 444a Bower Ave, Parklands, Christchurch

**IMPORTANT NOTE:** This form is completed by or on behalf of the vendor to set out information about the property known by the vendor, or to the best of the vendors knowledge. It is provided to purchasers as initial background information only. The statements are not to be relied on by the purchaser or any third party. Nothing in this form constitutes a warranty, guarantee, or obligation of the vendor.

The vendor agrees that if after signing this form, they become aware of any additional information as described in this form or that may be of any interest to the purchaser, they will notify the Licensee immediately to arrange an update to the form which will be provided to the Purchaser. The vendor also agrees that anything additional discovered by the Licensee may be noted at any time to be disclosed to any potential purchasers.

Additional details or forms verifying information may also be included as an appendix if there is not enough space.

Is the Vendor aware of any weather tightness, structural or geotechnical issues (including any past damage)?

Yes  No

Is the Vendor aware of any other damage or defect to the property including cladding, internal walls, roof, guttering, piling or any other hidden or underlying defects etc?

Yes  No

Is the Vendor aware of any hazards including weatherside cladding, asbestos, dux quest plumbing, scrim or any other similar item that in the vendors discretion, considers may be relevant to a purchaser?

Yes  No

Is the Vendor aware of any chattel, fixture or fitting that does not work or is damaged?

Yes  No

Is the Vendor aware of any issues regarding the neighbourhood including road changes, planned developments, phone towers or received any notice or demand from any local or government authority or other statutory body, from any tenant of the property or any other party? Has the vendor given any consent for neighbouring builds, developments or renovations or any other matter?

Yes  No

Is the Vendor aware of any criminal activity, drug use or creation, deaths (other than as a result of natural cause) or other activity or event that in the vendors discretion & opinion, considers may be relevant to a purchaser?

Yes  No

Is the Vendor aware of any outstanding payments on the property including any building work, insulation, chattels, or items that have been agreed to be added to the rates?

Yes  No

Is the Vendor aware of any work done at the property by any person at any time that was not correctly permitted, consented, signed off or completed in accordance with the applicable laws or Council requirements?

Yes  No

Is the Vendor aware of any matters concerning the boundaries, fencing or title that at the vendors discretion, may cause a prospective purchaser concern? (Eg fencing issues, unclear boundaries or disputes, title complications or requisitions etc)

Yes  No



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## Additional Information Provided by the Vendor:

- Has the Vendor completed a Healthy Homes Assessment if tenanted?  Yes  No
- Does the property have a Healthy Homes Certificate?  Yes  No  NA
- Are there any retaining walls on the property?  Yes  No
- Has a Code of Compliance Certificate been issued  Yes  No  NA
- Is this a legal Home and Income?  Yes  No
- Has a Code of Compliance Certificate been issued?  Yes  No  NA
- Is there a wood burner or other fire appliance?  Yes  No
- Has a Code of Compliance Certificate been issued?  Yes  No  NA
- Is the property insulated?  No  Under Floor  Walls  Roof

For all of the above where applicable has the relevant documentation been:

- 1) Provided by vendor  Yes  No  NA \_\_\_\_\_
- 2) Sited by the agent  Yes  No  NA \_\_\_\_\_

Describe any renovation work done (even if no consents or certificates were required)?

N/A

Is any other information provided by the Vendor or the Licensee (eg Title, District Plan, LIM Disclosures)

NA

Vendor: Sign: [Signature] Print Name: Steven Frost Date: 17/2/26

Vendor: Sign: [Signature] Print Name: Judith Frost Date: 17/2/26

Vendor: Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE FOR PURCHASERS:** Any Consents and Compliance Certificates or Reports that have been made available to the Licensee will be included in the information pack. It is strongly recommended the Purchaser and/or their lawyer review these documents (which may or may not have been made available to the Licensee). The vendor may not have disclosed all information about the property or may have no knowledge of issues that are important or relevant to the purchaser and the Licensee may not have specialist knowledge or expertise to comment on aspects of the property. As such, this document is not represented as including everything that a purchaser 'should' be aware of. The purchaser must not rely on this information as complete or accurate and must make their own enquiries and seek professional advice in all respects to fully satisfy themselves as to the condition/suitability of the property and any other matters relevant to the purchaser prior to entering into any contract for sale and purchase.



# EQC Information Christchurch

Address: 444a Bower Ave, Parklands, Christchurch

## EQC INFORMATION

1. Is the property built after the 2011 earthquake?  No  Yes - Rebuild  Yes - Newbuild (If yes, skip to Land Claim)
2. a) Did you own the property prior to the earthquakes?  Yes  No  
 b) Did you receive the transfer of EQC and/or Insurance Claim benefits  Yes  No
3. Did you receive a Deed of Assignment?  Yes  No
4. Was the property purchased "As is, where is"? (No assignment of EQC claims and/or Insurance benefits)  Yes  No
5. Is the property being sold "As is, where is"?  Yes  No

No Claims (Skip table below)

Claims (Complete table below)

	Completed by owner	Completed Managed Repair	Completed by Previous Owner	Outstanding Works	Cash Payment
CLM_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLM_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLM_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLM_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLM_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you lodge the claim/s as the owner of the property or was it assigned to you?

Owner

Assigned to us

6. Is full documentation provided?

Yes

No

7. If there were any Cash Payments/Outstanding Repairs, what do you intend to do?

Transfer the money

Complete the repairs

## LAND CLAIM INFORMATION (EQC)

1. Has there been a land claim? (If no go to insurance)

Yes  No

2. IF YES What is the claim for? \_\_\_\_\_

3. Have you received a land claim settlement?

Yes  No

4. Has the Land Remediation (including retaining walls if applicable) been completed?

Yes  No

5. Has EQC identified the land as subject to Increased Liquefaction Vulnerability? (ILV)

Yes  No

6. Has EQC Identified the land as subject to Increased Flooding Vulnerability (IFV)

Yes  No



# EQC Information Christchurch

## INSURANCE INFORMATION

1. Which company is your Dwelling insurance with? AMI Insurance.
2. What is your Policy Number? HOMA 00941092
3. Have you lodged a claim/or had a claim assigned to you? (if no, go to next section)  Yes  No
4. What is the insurance claim number(s)? \_\_\_\_\_
5. What is the claim(s) for? \_\_\_\_\_
6. Have the repairs been completed?  Yes  No
7. Have you been paid out by your insurance company for any incomplete repairs?  Yes  No  
Amount of payment(s) \$ \_\_\_\_\_
8. If there were any Cash Payments/Outstanding Repairs, what do you intend to do?  Transfer the money  Complete the repairs

Any other information provided by the Vendor or Licensee related to EQC & Insurance Claims

## VENDOR DECLARATION

I/We declare that to the best of our knowledge, the information provided is true and correct. I/We give permission for any potential purchaser to contact our Insurance Company with our policy number in order to arrange their own insurance on the property.

Vendor: Sign: [Signature] Print Name: Judith Frost Date: 17/2/26  
Vendor: Sign: [Signature] Print Name: Steven Frost Date: 17/2/26  
Vendor: Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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