

## AUTHORITY TO SELL PROPERTY (EXCLUSIVE/NON-EXCLUSIVE RIGHT)

TO:

**EASTON DOUGLAS CONSULTANTS LTD** 

CHARTERED SURVEYORS
REAL ESTATE DEALERS

**SUITE 2, 14A CARVALHO DRIVE** 

**KINGSTON 10** 

in consideration of your accepting this Agreement and listing and endeavouring to sell our
property known as:
Located at:
We hereby give and grant unto Easton Douglas Consultants Ltd – Real Estate Consultants, our
authority for the period commencing and expiring on
to sell the said property for
dollars or at a price acceptable to us.
Should the said property be sold by Easton Douglas Consultants Ltd at any time or to a
purchaser introduced by its agent, we agree to pay upon completion a commission of 5% of the
sale price plus General Consumption Tax to Easton Douglas Consultants Ltd.
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We are legally authorised to sell or otherwise deal with this property.
Signature:
Owner/Vendor Name:

## **DESCRIPTION OF PROPERTY**

Accommodation Type: Residential Resort Commercial Industrial	Zoning: Land Use Density Conformity		Status: Furnished Unfurnished Partially Unfurnished
Volume: Folio	:	Bedrooms:	
Area Land:		Bathrooms:	
Area Building:		Kitchen:	
Frontage:		Reception:	
Covenants:		Carporte:	
Frontage (Access):		Verandah:	
Frontage (distance):			
CONSTRUCTION		AMENITIES	
Floors:	I	Powder Roon	m:
Roof:		Bar:	
Walls:		Restaurant:	
Ceiling:		Beach:	
Security:		Swimming Po	ool:
Staff Quarters:		Other:	
Basement:			
SERVICES		EQUIPMENT	
Garbage Disposal:		Air-condition	ing:
Maintenance:		Electricity:	
Water:		Insect Screen	:
Sewage:		Other:	
Vendor's Attorney:		Remarks & D	irection:
Attorney's Tel. #:			

Easton Doualas Consultants Ltd Authority to Sell Form

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DATE:	DATE:	
Name of Owner(s):	Name of Authorised Agent: EASTON DOUGLAS CONSULTANTS LTD	
Owner's Address:	Agent's Address:	
Owner's Telephone #:	Agent's Telephone #s:	
Signature(s):	Signature:	

If owner is unavailable please state the name and telephone number of the person to be contacted on your behalf.

NAME:	-	
TEL. #s:	-	

The foregoing is hereby accepted and approved.