

Lodgement Gap Cover

Please complete and return to support@pexa.com.au

Applicant Details

Legal Entity Name

Subscriber ID

Workspace ID

Client Name

Title Activity Check Details

End Date
(Activity period)

End Time
(Activity period)

Activity Details
(if activity detected)

Claim Details

Amount of Loss
(suffered or likely to be suffered)

Method Used to
Compute Amount of Loss
(attach additional page if necessary)

Details of any relevant
Land Registry
Correspondence

Other Details

Signed By

Signature (Authorised Signatory of Subscriber)

Name (Print Name)

Date Signed