

BUYER/VENDOR/TENANT COVID-19 DECLARATION

During Alert Level Three, Two and One, Sell Assist/Sell Direct will be operating under a strict set of guidelines to ensure we adhere to government requirements during this time.

Alert Level 3:

Social Distancing

All Sell Assist/Sell Direct offices will be shut during Alert Level 3. Agents will practice social distancing at all times during all three alert levels. The same is expected from all vendors, buyers and tenants during any business activities or inspections.

Sell Assist/Sell Direct staff and agents will make their best efforts to ensure that minimal surfaces are touched. Gloves will be worn, and surfaces will be disinfected where applicable.

Health/Wellness

If you have shown any signs of COVID-19 or have been overseas in the past 28 days, all viewings and visits will have to be postponed. By signing this declaration, you confirm that you or any member of your household have not had any flu-like symptoms or have not been overseas in the last 28 days.

Contact Tracing

Sell Assist/Sell Direct is performing contact tracing for all activities undertaken to ensure we assist with the government's contact tracing efforts.

PPE

Our team will adhere to the governments recommended PPE and hygiene guidelines, including wearing gloves during property visits, sanitising of hands before entering and upon leaving any properties, not allowing any visitors (property viewings) to touch any surfaces and sanitising of surfaces where applicable.

| Wellness Declaration | | | | |
|---|--|-------|-------|----|
| Name/s: | | | | |
| Address: | | | | |
| Contact Email: | | | | |
| Contact Phone Number: | | | | |
| Have you or anyone that regularly resides on your property had a confirmed case of COVID-19 or shown any flu-like symptoms in the past 28 days? | | | YES / | NO |
| Have you travelled outside of NZ in the past 28 days? | | | YES / | NO |
| l will inform my Sell Assist/Sell Direct agent if I was to develop any flu-like symptoms within 14 days of this visit: | | | YES / | NO |
| By signing this document, I declare all of the above to be true and correct at the time of signing and that I do not currently have any symptoms associated with COVID-19 or similar. | | | | |
| Signature/s: | | Date: | | |