

Review a specialist retail valuer determination

This Application should only be completed if you want a **review** of an original specialist retail valuer determination

Who are we?

The NSW Small Business Commission (NSWSBC) provides information and advice to lessees, lessors, and others involved in a small business dispute.

Under the *Retail Leases Act 1994* (the Act) the NSWSBC can assist parties by appointing Specialist Retail Valuer (SRVs).

The NSWSBC does not provide legal advice.

Who can request a review?

Under the Act a party can apply for the appointment of **two SRVs** to conduct a **review** of the original determination made by a SRV.

The application for review must be made within **21 days** from receiving the original determination.

What happens when I request a review?

The NSWSBC will select two SRVs to undertake a review of the original determination.

Each party will be notified of the appointment.

How much will the review cost?

The cost of the review is to be paid in equal shares.

If the review determination is the **same or within 10%** of the original determination then the party applying for the review is to pay the **total cost**.

You may expect the total cost of the review to be between **\$6,000** and **\$20,000**.

What will the SRVs do?

1. The parties provide the original determination and any information relating to the matters considered by the original SRV.

The joint decision of the SRVs is final and binding on the parties to the lease.

After the application has been lodged

2. The NSWSBC will notify the other party and send a copy of the application
3. The NSWSBC will select two SRVs to conduct the review
4. An invoice will be issued to the parties; each party is to pay 50% of the total cost.
5. The parties provide the original determination and any information relating to the matters considered by the original SRV.
6. The review determination is provided to parties.
7. If the review determination is the same or within 10% of the original valuation the applying party is to pay the total cost.

1. Details for party applying for review of SRV (Your details)

Requesting party (as per lease or agreement)

<input type="checkbox"/> Lessor	<input type="checkbox"/> Lessee	<input type="text"/>	Other (specify)
Applicant company name(s) / Trading name(s)		Include ABN / ACN if applicable	
<input type="text"/>		<input type="text"/>	
Contact first name	Contact last name		
<input type="text"/>	<input type="text"/>		

Do you have an Agent / Representative?

Yes No

Agent / Representative company name(s)

Contact first name	Contact last name
<input type="text"/>	<input type="text"/>

Do you have a Solicitor?

Yes No

Solicitor / Firm name(s)

Contact first name	Contact last name
<input type="text"/>	<input type="text"/>

Who is the best person to contact to discuss this application?

(Please provide full contact details)

<input type="checkbox"/> Yourself	<input type="checkbox"/> Agent	<input type="checkbox"/> Solicitor	<input type="text"/>	Other (specify)
Contact first name	Contact last name			
<input type="text"/>	<input type="text"/>			
Shop / Unit No.	Street No.	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb			Postcode	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Phone number	Fax number			
<input type="text"/>	<input type="text"/>			
Email address				
<input type="text"/>				
Do you require an interpreter? If yes, which language?				
<input type="text"/>				

2. Other party's details (The other person / company)

Other party (as per lease or agreement)

<input type="checkbox"/> Lessor	<input type="checkbox"/> Lessee	<input type="text"/>	Other (specify)
Respondent name(s) / Trading name(s)		Respondent's ABN / ACN	
<input type="text"/>		<input type="text"/>	
Contact first name	Contact last name		
<input type="text"/>	<input type="text"/>		

Does the other party have an Agent / Representative?

Yes No

Agent / Representative name(s)

Contact first name	Contact last name
<input type="text"/>	<input type="text"/>

Does the other party have a solicitor?

Yes No

Solicitor / Firm name(s)

Contact first name	Contact last name
<input type="text"/>	<input type="text"/>

Who is the best person to contact to discuss this application on behalf of the other party?

(Please provide full contact details)

<input type="checkbox"/> Other party	<input type="checkbox"/> Agent	<input type="checkbox"/> Solicitor	<input type="text"/>	Other (specify)
Contact first name		Contact last name		
<input type="text"/>		<input type="text"/>		
Shop / Unit No.	Street No.	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb			Postcode	
<input type="text"/>			<input type="text"/>	
Phone number		Fax number		
<input type="text"/>		<input type="text"/>		
Email address				
<input type="text"/>				
Do you require an interpreter? If yes, which language?				
<input type="text"/>				

3. Details of the shop

Address of shop:

Shop / Unit No.	Street No.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	Postcode
<input type="text"/>	<input type="text"/>

Permitted use:

When did the lease start: Date / /

Is there a:

<input type="checkbox"/> Bond	<input type="checkbox"/> Bank guarantee	<input type="text"/> Other security
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Bond number (if any):	Amount of bond (if any):	Current annual rent:
<input type="text"/>	<input type="text"/> \$	<input type="text"/> \$

Shop size: *(Please attach any plans)*

Type of premises?

<input type="checkbox"/> Stand alone shop	<input type="checkbox"/> Shopping Centre	<input type="checkbox"/> Ground floor strata retail	<input type="checkbox"/> Other commercial space
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4. Determination

Name of SRV who completed the original determination?

When did you receive the copy of the original determination?

The application for review must be made within 21 days after receiving the original determination

Do you have any other comments?

5. Attachments

You should attach:

- A copy of the lease.
- A copy of the original determination
- Any information relating to the matters considered by the original SRV.

Please mark each attachment with letters A, B, C, etc.

PLEASE DO NOT USE STAPLES

List the attachments below, or attach extra pages if necessary

6. Declaration

I hereby declare the following:

- The information provided in this application form is true and accurate so far as I am aware;
- I understand the requesting party is required to pay the full amount for the review if the current market rent is jointly determined to be the same or within 10% of the original determination;
- I am legally authorised to sign this application for and on behalf of the party requesting a review;
- I consent to my application and attached documents being provided to the other party and the SRVs under section 26(2) of the *Privacy and Personal Protection Act 1998* (NSW).

First name

Last name

Position / Authority

Signature

Date

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Contact information:

NSW Small Business Commission

Website www.smallbusiness.nsw.gov.au

If you need an interpreter call 131 450 and ask them to contact us on 1300 795 534.

Privacy collection notice

Refer to our [privacy collection notice](#) for more information.