

# EOI Form.

**Property:** 275 Vincent Street, Cessnock (Vincent Street Medical Centre)

## Purchaser

Purchasing Entity:

ABN/ACN:

Contact Name:

Address:

Phone:

Email:

## Purchaser's Solicitor

Company

Attention:

Address:

Phone:

Fax:

Email:

## Purchase Price

Proposed Purchase Price (plus GST if applicable): \$

Deposit: \$

Special Conditions (if any):

Proposed Settlement Date:

Confirmation of Finance:

Signature:

Date:

Contact Name:

**This Expressions of Interest Submission must be received prior to the closing date of Wednesday, 22 July 2026 at 4pm (AEST)**

Expressions of Interest forms to be delivered to Knight Frank via email to [Brent.Sinclair@au.knightfrank.com](mailto:Brent.Sinclair@au.knightfrank.com)