

LAND TITLES OFFICE OF REGULATORY SERVICES

OFFICE OF REGULATORY SERVICES Department of Justice and Community Safety

TRANSMISSION APPLICATION ON A MORTGAGE



Form 070 - TAM

Land Titles Act 1925

IMPORTANT INFORMATION

This form is to be used to lodge a transmission application on a mortgage under the *Land Titles Act 1925* (the Act). You can access the Act at <u>www.legislation.act.gov.au</u>. You may also obtain further information and forms at <u>www.ors.act.gov.au</u>.

PRIVACY INFORMATION

The Act authorises the Registrar-General to collect the information required by this form. The Registrar-General provides identifiable information to various agencies including, but not limited to, the ACT Planning and Land Authority, ACT Treasury, Canberra Connect and ACTEWAGL for conveyancing, municipal account administrative, statistical and valuation purposes. These agencies may also use this information to prepare and sell property sales reports to commercial organisations concerned with the development, sale or marketing of land.

CONTACT INFORMATION		
Lodge in person at the Office of Regulatory Services:	255 Canberra Avenue, Fyshwick ACT 2609	
Office Hours:	9:00am to 4:30pm Monday to Friday	
General enquiries telephone number:	(02) 6207 0491	
Website address:	www.ors.act.gov.au	

INSTRUCTIONS FOR COMPLETION

- Original sealed probate or certified true copy of original must be supplied with lodgement of this form.
- The certificate of title is not required for lodgement of this document.
- All information should be typed or clearly printed. If completing this form by hand please use a solid black pen only.
- This office will not accept lodgement of this form if it is not completed in full.
- Any alteration to information provided on this form must be struck through with a black pen. Substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tape.
- Ensure all required documents are attached. If there is insufficient space in any panel, please use an Annexure Sheet.
- Execution by:
 - a) A Natural Person Should be witnessed by an adult person who is not a party to the document.
 - b) Attorney if this document is executed by an Attorney pursuant to a registered power of attorney, it must set out the full name of the attorney and the form of execution must indicate the source of his/her authority e.g. "AB by his/her attorney XY pursuant to Power of Attorney ACT Registration No..... of which he/she has no notice of revocation". (This execution requires a witness).
 - c) **Corporation** Section 127 of the *Corporations Act* provides that a company may now validly execute a document with or without using a Common Seal if the document is signed by:
 - i. Two directors of the company;
 - ii. A director and a secretary of the company; or
 - iii. Where the company is a proprietary company and has a sole director who is also the sole company secretary, that director. (No witness is required for this execution).
- The following forms of execution are suggested –

a) With A Common Seal

.....(director/secretary)*

(*repeat if necessary i.e. if two directors signing. If signing as sole director and sole secretary, state 'director/secretary') - (No witness is required for this execution).

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	ON A MORTGAGE	DEPARTMENT OF JUSTICE & COMMUNITY SAFETY	
	Lund Titles Ast 1025		

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LODGING PARTY DETAILS		
Name	Postal Address	Contact Telephone Number

REGISTERED MORTGAGE NUMBER (Associated Dealing)	ESTATE OR INTEREST TRANSFERRED (whole or state share)

TITLE AND LAND DI	TAILS			
Volume & Folio	District/Division	Section	Block	Unit

FULL NAME OF DECEASED / BANKRUPT (Surname Last)	DATE OF DEATH (if applicable)

FULL NAME OF APPLICANT (Surname Last)	FULL POSTAL ADDRESS (after transmission)

FORM OF TENANCY (only complete if applying as Beneficiaries)

Joint Tenants

Tenants in Common in Equal Shares

Tenants in Common in the following shares (Please state proprietors name and shares out in full) -

ENTITLEMENT (delete whichever is not applicable)

Entitled as - Executor / Beneficiary / Administrator / Other -

SUPPORTING DOCUMENTATION (tick whichever is applicable)					
Pursuant to:	Probate	Letters of Adr	ninistration	Sequestration Order	Other – Please specify
Number			Granted on (date)		Granted to:

DATE	

EXECUTOR/S CONSENT (if applicable)		
Print full name of Executor/s	Print full name and address of witness	
Signature of Executor/s	Signature of witness	

APPLICANT'S EXECUTION		
Print full name of applicant	Print full name and address of witness	
Signature or common seal of applicant	Signature of witness	

OFFICE USE ONLY			
Lodged by		Certificate of title lodged	
Data entered by		Certificates attached to title	
Registered by		Attachments / Annexures	
Registration date		Production number	