

# APPLICATION TO NOTE CHANGE OF NAME ON A CAVEAT

Form 104 - CNX

Land Titles Act 1925

### IMPORTANT INFORMATION

This form is to be used to lodge an application to note change of name on a caveat under the *Land Titles Act 1925* (the Act). You can access the Act at <a href="www.legislation.act.gov.au">www.legislation.act.gov.au</a>. You may also obtain further information and forms at <a href="www.ors.act.gov.au">www.ors.act.gov.au</a>.

### **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 Environment and Sustainable Development Directorate, ACT Treasury Directorate, 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

- 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. (This execution does not require a witness).
- The following forms of execution are suggested –

a)	With A Common Seal
	The common seal of ABC Pty Ltd/Ltd ACN
	was affixed in the presence of-
	(signature)
	(director/secretary)*
	(*repeat if necessary i.e. if two directors signing. If signing as sole director and sole secretary, state
	'director/secretary'). (This execution does not require a witness).
b)	Without A Common Seal
	Signed by ABC Pty Ltd/Ltd ACN
	(signature)
	(director/secretary)*
	(*repeat if necessary i.e. if two directors signing. If signing as sole director and sole secretary, state 'director/secretary') - (This execution does not require a witness).



# LAND TITLES OFFICE OF REGULATORY SERVICES ACT Justice and Community Safety Directorate

# APPLICATION TO NOTE CHANGE OF NAME ON A CAVEAT

Form	104	- CNIX

**Land Titles Act 1925** 

LODGING PARTY DETAILS							
Name		Postal Address		C	Contact Telephone Number		
TITLE AND LAND DE	TAILS						
Volume & Folio	olume & Folio District/Division Section Block			ock	Unit		
REGISTERED CAVEA	T NUMBER (A	ssociated Dealing Number)					
FULL NAME OF CAV	EATOR ON RE	GISTER TO BE CHANGED (As it appear	rs on title)				
NEW NAME OF CAVEATOR (Full Name - Surname Last)							
NEW NAME OF CAS	TEATOR (Full No	ine - Sumaine Last,					
REASON FOR CHANGE OF NAME (Please provide details as to the Change of Name)							
EVIDENCE PROVIDED TO SUPPORT CHANGE OF NAME (Please provide registration details of Marriage Certificate, Change of Name Cert etc)							
, , , , , , , , , , , , , , , , , , , ,							
DATE							

CAVEATOR'S EXECUTION				
Print full name of Caveator	Print full name and address of witness			
Signature of Caveator	Signature of witness			
STATUTORY DECLARATION				
I, of				
(occupation)				
Am the same person as , the registered Caveator in Cavear Number , the registered Caveator in Cavear Folio				
And I make this solemn declaration by virtue of the Statutory Declarations Act 1959, and subject to the penalties provided by that Act for the making of false declarations, conscientiously believing the statements contain in this declaration to be true in every particular.				

STATUTORY DECLARATION EXECUTION				
Declared at	on		Signature of person before whom the declaration is made	
the	day of	20		
			Full name, qualification* and address of person before whom the	
Signature of pe	erson making the declaration		declaration is made (in printed letters) (*Must be authorised under the Statutory Declarations Act 1959)	

OFFICE USE ONLY			
Lodged by		Attachments / Annexures	
Data entered by		Supporting Docs Sighted	
Registered By		Registration date	