

## **Approved form AF2002-230**

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approved by the delegate of the Minister for Planning on 21 November 2002 under the

***Unit Title Act 2001, s 180 (Approved Forms)***

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### **Unit Title Act 2001 – Form 3**

(see s 154)

Australian Capital Territory

#### **Application for a Cancellation Authority**

(See attached form entitled Application for a Cancellation Authority)



Australian  
Capital Territory  
Government

Planning and Land  
Management

## Unit Titles Act 2001 - Form 3

# Application for a Cancellation Authority

### When should you use this form?

This form should be completed when applying to cancel a Units Plan.

Please supply the following with your application:

- copy of the unanimous resolution of the owners corporation dated within 3 months of submitting this application;
- copies of the written agreement of each interested non-voter where applicable;
- copies of any variations registered against the lease of any unit or the common property since the Units Plan was registered;
- the application fee;
- if you are an agent: authority to act on behalf of the owners corporation;
- any additional information necessary to finalise your application.

**Privacy Notice:** The personal information on this form is being collected to enable processing of your application. Collection of personal information is authorised by Part 15 of the Unit Titles Act 2001.

### Part 1: Lease/Site details

Block

Section

Suburb

Units  
Plan No.

Street address

### Part 2: Applicant details

Surname or Company name

Title / First Name / Initials or  
Australian Company Number (ACN)

If a company Name of contact person

Postal address

Suburb

State/Territory

Postcode

Phone number (business hours)

Fax number

Email

#### OFFICE USE ONLY

Fees


Date received

 /  / 

Receipt number

Receiving officer

### Part 3: Applicant's declaration

I/we the undersigned, being the applicant(s) nominated in this application, hereby apply for approval to cancel the Units Plan described in this application on the land specified in this application.

I/we hereby authorise ACT Government Officers to access the subject property(s) for the purpose of evaluating the proposal.

I/we understand that payment of additional fees may be required.

I/we declare that all the information I/we have given on this form and its attachments is true and complete.

Signature(s) \_\_\_\_\_

If a company, capacity/authority \_\_\_\_\_

Date    /    / \_\_\_\_\_

### Part 4: Owners corporation details

#### 1st Executive Member's details (If the same as applicant, write 'see applicant')

Surname or Company name \_\_\_\_\_

Title / First Name / Initials or  
Australian Company Number (ACN) \_\_\_\_\_

If a company Name of contact person \_\_\_\_\_

Postal address \_\_\_\_\_

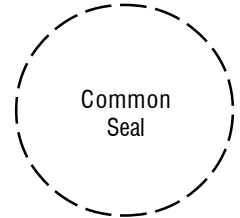
Suburb \_\_\_\_\_ State/Territory \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number (business hours) \_\_\_\_\_

Fax number \_\_\_\_\_

Email \_\_\_\_\_



#### Executive Member's Signature

Signature \_\_\_\_\_

#### 2nd Executive Member's details

Surname or Company name \_\_\_\_\_

Title / First Name / Initials or  
Australian Company Number (ACN) \_\_\_\_\_

If a company Name of contact person \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ State/Territory \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number (business hours) \_\_\_\_\_

Fax number \_\_\_\_\_

Email \_\_\_\_\_

#### 2nd Executive Member's Signature

Signature \_\_\_\_\_

Authorised by the ACT Parliamentary Counsel – also accessible at [www.legislation.act.gov.au](http://www.legislation.act.gov.au)