

Approved form AF2002-231

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

Unit Title Act 2001, s 180 (Approved Forms)

Unit Title Act 2001 – Form 4

(see s 146)

Australian Capital Territory

Application for a Unit Entitlement Authority

(See attached form entitled Application for a Unit Entitlement Authority)



Australian
Capital Territory
Government

Planning and Land
Management

Unit Titles Act 2001 - Form 4

Application for a Unit Entitlement Authority

When should you use this form?

This form should be completed when applying to amend the Schedule of Unit Entitlement of a Units Plan.

Please supply the following with your application:

- the original plus three (3) paper copies of the Schedule of Unit Entitlement (Form 2);
- certification of the amended Schedule of Unit Entitlement by a Member of the Institute of Valuers;
- copy of the unopposed resolution of the owners corporation dated within 3 months of submitting this application;
- 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 amend the Schedule of Unit Entitlement 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 _____

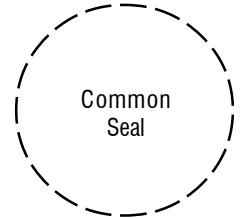
Suburb _____ State/Territory _____

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 _____