



ACT REVENUE OFFICE
 PO Box 293 Civic Square ACT 2608
 Phone: (02) 6207 0028
 Fax: (02) 6207 0026
 Website: www.revenue.act.gov.au

Lodgment No

Declaration for Residential 'Off the Plan' Purchase Agreement Form

NOTE:

- This form must be completed and lodged with a completed Conveyance Lodgment Form (and relevant documents) for stamping a residential 'off the plan' purchase agreement under section 16A of the *Duties Act 1999*.
- Print clearly in the boxed spaces and tick the appropriate box

Date of First Execution	Names of Parties	
	Transferor	Transferee

Suburb	Section	Block	Unit

I am lodging this form because:

- | | | | | |
|--|------|---|---|---|
| <input type="checkbox"/> the agreement was completed on | Date | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> | / | / |
| / | / | | | |
| <input type="checkbox"/> the whole, or any part, of the transferee's interest under the agreement was assigned on | Date | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> | / | / |
| / | / | | | |
| <input type="checkbox"/> the period of 12 months, beginning from the date of the agreement expired on | Date | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> | / | / |
| / | / | | | |
| <input type="checkbox"/> a Certificate of Occupancy for the building to which the agreement relates was issued under the relevant ACT legislation on | Date | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> | / | / |
| / | / | | | |
| <input type="checkbox"/> I wish to lodge the documents on a date prior to any of the above events occurring. | Date | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> | / | / |
| / | / | | | |

DECLARATION

Iof.....

being the transferee/transferee's authorised agent (delete whichever is not applicable) declare that the above information is, to the best of my knowledge, true and correct and in conformity with the agreement between the parties.

Signed _____ Date _____

GIVING FALSE OR MISLEADING INFORMATION IS A SERIOUS OFFENCE (Section 338 Criminal Code 2002)
 This form is Approved form AF2006-2 under section 139C of the *Taxation Administration Act 1999*