

LAND TITLES OFFICE OF REGULATORY SERVICES Department of Justice and Community Safety

Department of Justice and Community Safety

SUBLEASE

Land Titles Act 1925



Form 072 - SL

IMPORTANT INFORMATION

This form is to be used to lodge a sublease under the *Land Titles Act 1925* (the Act). You can access the Act at www.legislation.act.gov.au. You may also obtain further information and forms at www.ors.act.gov.au.

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

- A Sublease is required to be marked by ACT Revenue if it has a term greater than 30 years (for Commercial Purposes).
- The certificate of title or production of title consenting to the registration of this document is required for lodgement.
- 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).



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	Office of REGULATORY SERVICES
DEPARTMENT OF COMMUNITY SAFETY	

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LODGING PARTY DETAILS								
Name			Postal Address			Contact Telephone Number		
TITLE AND LAND DI	ETAILS							
Volume & Folio	& Folio District/Division			Section	Bloc	k	Unit	
FULL NAME OF LESSOR/OWNER (Surname Last) (ACN required for all companies)			FULL POSTAL ADDRESS OF LESSOR					
FULL NAME OF LESSEE/TENANT (Surname Last) (ACN required for all companies)			FULL POSTAL ADDRESS OF LESSEE					
TENANCY OF LESSEE (Only complete if more than one Lessee)								
Joint Tenants / Tenants in Common (in the following shares) -								
AREA BEING LEASED								
Whole of the Lan	d	OR	Area/Shop/Tenancy	on Subl	ease Plan/s No	o.s		
SUBLEASE COMMENCEMENT DATE			SUBLEASE TERMINA	ATION DATE				
CONDITIONS (Tick whichever is applicable – At least one box will apply)								
The covenants implied	d at sections	119 and	120 of the Land Titles Act	t 1925 are hereby negat	ed.			
The provisions set forth in the Memorandum of Provisions (MOP) filed in the office of the Registrar-General are deemed to be								

The covenants and conditions set out in the annexure attached are deemed to be incorporated

incorporated herein / as modified by annexure as attached.

Provide MOP number

CONSENTING PARTY – SUPPORTING DOCUMENTATION (One form required for each party required to consent)						
Please complete and attach – Form 042 – C – Consent						
LESSOR'S EXECUTION						
Print full name of Lessor		Print full name and address of v	vitness			
Signature or common seal of	Lessor	Signature of witness				
Dated		Dated				
		1 - 3.55				
LESSEE'S EXECUTION						
Print full name of Lessee		Print full name and address of v	vitness			
Signature or common soal of	Lagge					
Signature or common seal of	Lessee	Signature of witness				
Dated		Dated				
OFFICE USE ONLY						
Lodged by		Certificate of title lodged				
Data entered by		Certificates attached to title				
Registered by		Attachments / Annexures				
Registration date		Production number				
ACT REVENUE STAMP DUTY I	NOTATION					