

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

TRANSFER



Form 052 - T

Land Titles Act 1925

IMPORTANT INFORMATION

This form is to be used to lodge a transfer 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 Transfer is a dutiable document and should be noted by ACT Revenue prior to lodgement at Land Titles.
- 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. (No witness is required for this execution).
- 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') - (No witness is required for this execution).
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') - (No witness is required for this execution)



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Land Titles Act 1925 JUSTICE &

	OFFICE OF REGULATORY SERVICES
DEPARTMENT OF COMMUNITY SAFETY	

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LODGING PARTY DETAILS								
Name		Postal Address		Contact Telephone Number				
TITLE AND LAND DETAILS								
Volume & Folio	С	District/Division	rict/Division Section		ock	Unit		
TRANSFEROR/S - SELLER (Surname Last) (ACN required for all companies)			ESTATE OR INTEREST TRANSFERRED (whole or state share)					
TRANSFEREE/S - BUYER (Surname Last) (ACN required for all companies)			FULL POSTAL ADDRESS including postcode (after Transfer)					
FORM OF TENANCY								
Joint Tenants Tenants in Common in Equal Shares Tenants in Common in (the following shares) - (Please state proprietors name and shares out in full)								
CONSIDERATION (whole dollar amounts only)			RESTRICTIVE COVENANTS					
(Please state monetary value or reason for transfer – must not state "nil")			(Complete if applicable – otherwise state below "Not Applicable")					
DEVELOPMENT STATUS (Tick the appropriate box – one box must be completed)								
Land Only or Incomplete Building or Building Completed					uilding Completed			
AGREEMENT / CON	ITRACT FOR SA	SETTLEMENT DATE (the date the buyer is liable for rates)						

COMMUNITY TITLE (if Transfer relates to a Community Title Scheme the following should be attached)						
Statutory Declaration	AND	Certified Copy of Undertaking su	ubmitted to ACTPLA			
TRANSFEROR/S – SELLER'S EXECUTION						
Print full name of Transferor		Print full name and address of witness				
Signature or common seal of	Γransferor 	Signature of witness				
TRANSFEREE/S – BUYER'S EXI	ECUTION (if Solicitor for Transferee e	xecutes – must state full name of Solicitor	-)			
Print full name of Transferee		Print full name and address of v	vitness			
Signature or common seal of a	applicant	Signature of witness				
OFFICE USE ONLY						
Lodged by		Certificate of title lodged				
Data entered by		Certificates attached to title				
Registered by		Attachments / Annexures				
Registration date		Production number				
ACTPLA – MINISTER'S / DELEGATE'S CONSENT		ACT REVENUE – STAMP DUTY NOTATION				