



## TRANSMISSION APPLICATION

Form 032 - TA

Land Titles Act 1925

### IMPORTANT INFORMATION

This form is to be used to lodge a transmission application under the *Land Titles Act 1925* (the Act). You can access the Act at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://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 Environment and Sustainable Development Directorate, ACT Treasury Directorate, 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](http://www.ors.act.gov.au)

### INSTRUCTIONS FOR COMPLETION

- Original sealed probate or certified true copy of original must be supplied with lodgement of this form.
- 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).

LAND TITLES  
OFFICE OF REGULATORY SERVICES  
ACT Justice and Community Safety Directorate

**TRANSMISSION APPLICATION***Land Titles Act 1925*

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**ACT**  
Government

Justice and Community Safety

LODGING PARTY DETAILS				
Name	Postal Address			Contact Telephone Number
TITLE AND LAND DETAILS				
Volume & Folio	District/Division	Section	Block	Unit
FULL NAME OF DECEASED / BANKRUPT (Surname Last)		ESTATE OR INTEREST TRANSFERRED (whole or state share)		
DATE OF DEATH (if applicable)		RESTRICTIVE COVENANTS (Complete if applicable otherwise state below "Not Applicable")		
FULL NAME OF APPLICANT (Surname Last)		FULL POSTAL ADDRESS including post code (after transmission)		
FORM OF TENANCY (only complete if applying as beneficiaries)				
<input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common in Equal Shares <input type="checkbox"/> Tenants in Common in the following shares (Please state proprietors name and shares out in full) -				
ENTITLEMENT (delete whichever is not applicable)				
Entitled as - Executor / Beneficiary / Administrator /Other (Please State) -				
SUPPORTING DOCUMENTATION (delete whichever is not applicable)				
Pursuant to: <input type="checkbox"/> Probate <input type="checkbox"/> Letters of Administration <input type="checkbox"/> Sequestration Order <input type="checkbox"/> Other – Please specify				
Number	Granted on (date)		Granted to:	

**ACTPLA – MINISTER’S / DELEGATE’S CONSENT****EXECUTOR/S CONSENT** (if applicable)

Print full name of Executor/s

Print full name and address of witness

Signature of Executor/s

Signature of witness

Dated -

Dated -

**APPLICANT’S EXECUTION**

Print full name of applicant

Print full name and address of witness

Signature or common seal of applicant

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