

CANCELLATION OF A UNITS PLAN

Form 075 - CUP Land Titles Act 1925

IMPORTANT INFORMATION

This form is to be used to lodge a cancellation of a units plan 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 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

INSTRUCTIONS FOR COMPLETION

- The certificate of title for the common property and each unit is required for lodgement of this form.
- 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

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LODGING PARTY DETAILS							
Name		Postal Address			Contact Telephone Number		
TITLE AND LAND DETAILS							
Volume & Folio		istrict/Division Section Block		Block	UNITS PLAN NUMBER		
CANCELLATION AUTHO	gned copy must be supplied)	COMMON SEAL OF OWNERS CORPORATION (Seal must be affixed)					
Cancellation author Supreme Court Ord Special Resolution Other (specify) -	CTPLA						
EXECUTION BY OWNERS CORPORATION USING A COMMON SEAL (The Common Seal was affixed in the presence of)							
Signature			Signature	Signature			
Full Name (Block Letters)		Full Name (Block Letters)					
Address		Address					
Office Held		Office Held					
OFFICE USE ONLY							
Lodged by			Certificate of ti	tle lodged			
Data entered by			Certificates atta	ached to title			
Registered by			Attachments /	Annexures			
Registration date			Production nur	mber			