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

### **APPLICATION TO REGISTER A DEED**

Form 109 - REGD

Registration of Deeds Act 1957

#### **IMPORTANT INFORMATION ABOUT DEEDS**

This form may be used to apply to the Registrar-General to register a deed. A deed includes any document whether under seal or not, other than a will, or an instrument that is in accordance with the *Land Titles Act 1925* and purports to transfer or otherwise deal with or affect an estate or interest in land under the provisions of that Act, or a document that purports to change a person's name.

The Registrar-General may register a deed if it is accompanied by a copy of that deed, a statutory declaration stating that the copy is a true copy of the original deed and if endorsed on it, or attached to it, a statutory declaration made by a party to the deed verifying the due execution of the deed. The Registrar-General may refuse to accept a deed, or the copy, for registration if it is not legibly written or on paper of a size or quality not approved by the Registrar-General.

#### **PRIVACY INFORMATION**

The Registration of Deeds Act 1957 authorises the Registrar-General to collect the information required by this form. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The register of deeds and instruments may be accessed by members the public upon application and payment of the appropriate fee.

#### **CONTACT INFORMATION**

Send completed forms to the **Office of Regulatory** 

Services:

Lodge in person at the **Office of Regulatory Services:** 

Office Hours:

General enquiries telephone number: Website address:

GPO Box 158, Canberra ACT 2601

255 Canberra Avenue, Fyshwick ACT 2609

9:00am to 4:30pm Monday to Friday

(02) 6207 0491 www.ors.act.gov.au

#### INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please use a blue or 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 blue or black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.
- Registration of a Deed requires attached to it, or endorsed on it, a statutory declaration made by a party to the deed verifying the due execution.
- A person cannot be a witness to a power of attorney if the person is signing the power of attorney as the
  principal or a person appointed as attorney under the power of attorney. A person cannot be a witness if
  they are a child.
- Only one of the witnesses to the power of attorney can be a relative of the principal or a person appointed as attorney under the power of attorney.
- The provisions for witnessing do not apply to corporations who execute a Power of Attorney.
- The Statutory Declaration attached to this form must be completed for all lodgements.

If you require further information or need advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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OFFICE OF REGULATORY SERVICES
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| LODGING PARTY DETAILS                                                                                                                                                                                                                         |                                                                                                                                                                         |                |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|
| Name                                                                                                                                                                                                                                          | Postal Address                                                                                                                                                          | Contact Number |  |  |  |
|                                                                                                                                                                                                                                               |                                                                                                                                                                         |                |  |  |  |
| TYPE OF DEED (Please tick one of the following boxes)                                                                                                                                                                                         |                                                                                                                                                                         |                |  |  |  |
| Miscellaneous Deed                                                                                                                                                                                                                            |                                                                                                                                                                         |                |  |  |  |
| Trust Deed                                                                                                                                                                                                                                    |                                                                                                                                                                         |                |  |  |  |
| Power of Attorney                                                                                                                                                                                                                             |                                                                                                                                                                         |                |  |  |  |
| Other (Please specify)                                                                                                                                                                                                                        |                                                                                                                                                                         |                |  |  |  |
| REGISTRATION OF DEEDS CHECK LIST                                                                                                                                                                                                              |                                                                                                                                                                         |                |  |  |  |
| Registration of a Deed requires attached to it, or endorsed on it, a Statutory Declaration made by a party to the deed verifying the due execution.                                                                                           |                                                                                                                                                                         |                |  |  |  |
| PLEASE NOTE – A Power of Attorney is registered under the Registration of Deeds Act 1957.                                                                                                                                                     |                                                                                                                                                                         |                |  |  |  |
| POWERS OF ATTORNEY CHECK LIST – (FOR INDIVIDUALS)                                                                                                                                                                                             |                                                                                                                                                                         |                |  |  |  |
| The Power of Attorney has been signed and dated by two adult witnesses in the presence of the principal and each other. An Enduring Power of Attorney requires one of the witnesses to be qualified under the Statutory Declarations Act 1959 |                                                                                                                                                                         |                |  |  |  |
| The Power of Attorney contains a certificate by each witness stating;                                                                                                                                                                         |                                                                                                                                                                         |                |  |  |  |
| - At the time the principa                                                                                                                                                                                                                    | e power of attorney voluntarily in the presence of the wit<br>al signed the power of attorney, the principal appeared to<br>and effect of making the power of attorney. |                |  |  |  |
| Does this Power of Attorney revoke another existing registered Power of Attorney? If "Yes" please complete a Revocation of Power of Attorney Form                                                                                             |                                                                                                                                                                         |                |  |  |  |

| PARTY 1 INFORMATION (For example; persons or organisations giving power of attorney, the donor or mortgagor)                                                                                                                                                         |                                                                                                                 |   |                                        |           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---|----------------------------------------|-----------|--|--|
|                                                                                                                                                                                                                                                                      | Surname/Organisation Name                                                                                       |   | Given Name(s) (If not an organisation) |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      | PARTY 2 INFORMATION (For example; persons or organisations receiving power of attorney, the donee or mortgagee) |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      | Surname/Organisation Name                                                                                       |   | Given Name(s) (If not an organisation) |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
| STATUTORY DECLARATION                                                                                                                                                                                                                                                |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      | l, (full name)                                                                                                  |   | being a (occupation)                   |           |  |  |
| Of (address)                                                                                                                                                                                                                                                         |                                                                                                                 |   |                                        |           |  |  |
| make the following declaration under the Statutory Declarations Act 1959:                                                                                                                                                                                            |                                                                                                                 |   |                                        |           |  |  |
| The deed contained on the following page/s has been compared by me with the original deed and is a true copy thereof.                                                                                                                                                |                                                                                                                 |   |                                        |           |  |  |
| I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular. |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      | Signed (applicant's signature)                                                                                  |   | Declared at (place)                    | On (date) |  |  |
|                                                                                                                                                                                                                                                                      | Before me, (signature of witness)                                                                               |   | Full Name of Witness                   |           |  |  |
| Qualification of Witness (must be qualified witness under the Statutory Declarations Act 1959)                                                                                                                                                                       |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
| Address of Witness                                                                                                                                                                                                                                                   |                                                                                                                 |   |                                        |           |  |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                      |                                                                                                                 |   |                                        |           |  |  |
|                                                                                                                                                                                                                                                                      | Lodged by                                                                                                       |   | Annexures / Attachments                |           |  |  |
|                                                                                                                                                                                                                                                                      | Registered by                                                                                                   |   | Registration Date                      |           |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                 | 1 |                                        | 1         |  |  |