



SUBLEASE

Form 072 - SL

Land Titles Act 1925

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 Environment and Planning Directorate, the Chief Minister, Treasury and Economic 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

- 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).

LAND TITLES

OFFICE OF REGULATORY SERVICES
ACT Justice and Community Safety Directorate

SUBLEASE

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 LESSOR/OWNER (Surname Last)
(ACN required for all companies)

FULL POSTAL ADDRESS OF LESSOR

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FULL NAME OF LESSEE/TENANT (Surname Last)
(ACN required for all companies)

FULL POSTAL ADDRESS OF LESSEE

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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 Land

OR

Area/Shop/Tenancy

on Sublease Plan/s No.s

SUBLEASE COMMENCEMENT DATE

SUBLEASE TERMINATION DATE

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CONDITIONS (Tick whichever is applicable – At least one box will apply)

The covenants implied at sections 119 and 120 of the *Land Titles Act 1925* are hereby negated.

The provisions set forth in the registered Memorandum of Provisions (MOP) to be incorporated herein / as modified by annexure as attached. Please provide registered MOP number below.

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

Provide registered 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 witness

Signature or common seal of Lessor

Signature of witness

LESSEE'S EXECUTION

Print full name of Lessee

Print full name and address of witness

Signature or common seal of Lessee

Signature of witness

DATE**OFFICE USE ONLY**

Lodged by		Certificate of title lodged	
Data entered by		Certificates attached to title	
Registered by		Attachments / Annexures	
Registration date		Production number	