

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. You may also obtain further information and forms at www.act.gov.au/accesscbr.

PRIVACY INFORMATION

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of issuing a registration under the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General provides identifiable information to law enforcement and other Directorates that have legal authority to request information under prescribed circumstances.

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.

INSTRUCTIONS FOR COMPLETION

- A Transmission Application is a dutiable document.
- 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.
- In cases of bankruptcy the Buyer and Seller Verification Declarations must be completed prior to lodgement of this form. The submission date and reference number must be recorded on this form.
- In the case of a deceased estate only the Buyer Verification Declaration is required. The submission date and reference number must be recorded on this form.
- All information should be typed or clearly printed. If completing this form by hand please use a solid black pen only.
- The first named person in the entitled section of this form will be the primary contact for ACT Revenue Office purposes.
- 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.
- 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).

LODGE MENT AND CONTACT INFORMATION

Website:

www.accesscanberra.act.gov.au

General Enquiries:

13 22 81

In Person:

Environment, Planning and Land Shopfront

Ground Floor South, Dame Pattie Menzies House, 16 Challis Street, Dickson

Opening hours - Monday to Friday 8:30am to 4:30pm (*excluding public holidays*)



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LODGING PARTY DETAILS

Name	Email Address	Contact Telephone Number

TITLE AND LAND DETAILS

Volume & Folio	District/Division	Section	Block	Unit

THE SELLER VERIFICATION DECLARATION HAS BEEN SUBMITTED (In cases of bankruptcy only) to be completed prior to lodgement of this document)

Yes – (provide date and reference number, if there are multiple submissions provide details for all)
Submission Date: _____ Reference Code: _____

FULL NAME OF DECEASED / BANKRUPT (Surname Last)

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PERCENTAGE OF INTEREST OWNED (whole or state share)

PERCENTAGE OF INTEREST BEING TRANSFERRED (whole or state share)

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DATE OF DEATH (if applicable)

RESTRICTIVE COVENANTS

(Complete if applicable otherwise state below "Not Applicable")

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REPRESENTING SOLICITOR DETAILS FOR APPLICANT (Complete if applicable – otherwise state below "Not Applicable")

Name of Firm	Solicitor Email Address	Solicitor Name

THE BUYER VERIFICATION DECLARATION HAS BEEN SUBMITTED (must be completed prior to lodgement of this document)

Yes – (provide date and reference number, if there are multiple submissions provide details for all)
Submission Date: _____ Reference Code: _____

FULL NAME OF APPLICANT (Surname Last)	FULL POSTAL ADDRESS including post code (after transmission)

ENTITLEMENT (delete whichever is not applicable)
Entitled as - Executor / Beneficiary / Administrator /Other (Please State) -

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) -

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:

ARE YOU APPLYING FOR A CONCESSION?	PLEASE INDICATE IF THIS TRANSACTION INVOLVES ONE OR BOTH OF THE FOLLOWING:
<input type="checkbox"/> Yes (if yes provide code number) Code Number: <input type="checkbox"/> No	<input type="checkbox"/> A Land Rent lease <input type="checkbox"/> An Application for a Duty Deferral

DEVELOPMENT STATUS (Tick the appropriate box – one box must be completed)
<input type="checkbox"/> Land Only or <input type="checkbox"/> Incomplete Building or <input type="checkbox"/> Building Completed

LAND USE (Tick the appropriate box – one box must be completed)
<input type="checkbox"/> Residential or <input type="checkbox"/> Commercial or <input type="checkbox"/> Rural

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 -

ACTPLA – MINISTER'S / DELEGATE'S CONSENT

OFFICE USE ONLY			
Lodged by		Certificate of title lodged	
Data entered by		Certificates attached to title	
Registered by		Attachments/Probate/Will Letters of Administration	
Registration date		Production number	