|  |  |
| --- | --- |
|  | LAND TITLESACCESS CANBERRAChief Minister, Treasury and Economic Development Directorate**APPLICATION FOR LAPSING OF A CAVEAT** |
|

|  |
| --- |
| **Form 038 - ALX** |

 | ***Land Titles Act 1925*** |
| IMPORTANT INFORMATIONThis form is to be used to lodge an application for lapsing of a caveat 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.act.gov.au/accesscbr](http://www.act.gov.au/accesscbr). |
| PRIVACY NOTICEThe collection of personal information in this form is required by law under the *Land Titles Act 1925*, to ensure accurate and legal transfer of title or registration of other interests relating to land and for maintaining publicly searchable registers and indexes. Personal information collected on this form will be handled in accordance with the Territory Privacy Principles in Schedule 1 of the Information Privacy Act 2014. More detailed information about how Access Canberra handles this personal information is available at: <https://www.act.gov.au/acprivacy> |
| INSTRUCTIONS FOR COMPLETION* Only the Registered Proprietor/s may apply to lapse a caveat.
* The certificate of title is not required for lodgement of this document.
* 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:
1. **A Natural Person** – Should be witnessed by an adult person who is not a party to the document.
2. **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).
3. **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:
	* 1. Two directors of the company;
		2. A director and a secretary of the company; or
		3. Where the company is a proprietary company and has a sole director, who is also the sole company secretary, that director must state sole director. (This execution does not require a witness).
 |
|

|  |
| --- |
| LODGEMENT AND CONTACT INFORMATION |
| **Email:**actlandtitles@act.gov.au**General Enquiries:** 6207 0491 | **In Person:**Environment, Planning and Land ShopfrontGround Floor South, Dame Pattie Menzies House, 16 Challis Street, DicksonOpening hours - Monday to Friday 8:30am to 4:30pm *(excluding public holidays)* |

 |

|  |  |
| --- | --- |
|  | LAND TITLESACCESS CANBERRAChief Minister, Treasury and Economic Development Directorate**APPLICATION FOR LAPSING OF A CAVEAT** |
|

|  |
| --- |
| **Form 038 - ALX** |

 | ***Land Titles Act 1925*** |

|  |
| --- |
| **LODGING PARTY DETAILS** |
| Name | Email Address | Customer Reference Number | Contact Telephone Number |
|       |       |       |       |

|  |
| --- |
| **TITLE AND LAND DETAILS** |
| Volume & Folio | District/Division | Section | Block | Unit |
|       |       |       |       |       |

|  |  |
| --- | --- |
| **REGISTERED CAVEAT NUMBER** | **DATE** |
|       |       |

|  |
| --- |
| **FULL NAME AND ADDRESS OF CAVEATOR/S** (Surname Last) (ACN required for all companies)  |
|       |

|  |
| --- |
| **FULL NAME OF REGISTERED PROPRIETOR/S** (Surname Last) (ACN required for all companies) |
|       |

|  |
| --- |
| **EXECUTION**  |
| Print full name of Registered Proprietor     Signature or common seal of applicant | Print full name and address of witness      Signature of witness |

|  |
| --- |
| **OFFICE USE ONLY** |
| Lodged by |  | Certificate of title lodged |  |
| Data entered by |  | Certificates attached to title |  |
| Registered by |  | Attachments / Annexures |  |
| Registration date |  | Production number |  |