

APPLICATION TO REGISTER A UNITS PLAN

Form 019 - UP

Land Titles Act 1925

IMPORTANT INFORMATION

This form is to be used to lodge an application to register 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.act.gov.au/accesscbr.

PRIVACY NOTICE

The 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

- 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 must state sole director. (This execution does not require a witness).

LODGE MENT AND CONTACT INFORMATION

Email:

actlandtitles@act.gov.au

General Enquiries:

(02) 6207 3000

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 | Customer Reference Number | Contact Telephone Number |
| | | | |

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

| DETAILS OF UNITS PLAN (Please provide all information listed below) | |
|--|--|
| XUP number | |
| Number of units | |
| Total aggregate of unit entitlements | |
| Total aggregate of unit subsidiaries | |
| Units plan expiry date | |

| CLASS OF UNITS |
|---|
| |
| PRIOR INTERESTS (List document numbers only) |
| |
| UNITS PLAN NUMBER (Land Titles to complete after registration) |
| |

| NAME OF ARCHITECT/SURVEYOR AND FIRM WHO PREPARED PLAN | RELATED DEPOSITED PLAN NUMBER |
|---|-------------------------------|
| | |

| FULL NAME OF REGISTERED PROPRIETOR/S – OWNER/S (Surname Last) (ACN required for all companies) | FULL POSTAL ADDRESS (including postcode) |
|---|--|
| | |

| NAME AND ADDRESS FOR SERVICE OF NOTICE OF THE BODY CORPORATE – (Found on SD form in Units Plan) (Surname Last) (ACN required for all companies) |
|--|
| |

| CERTIFICATE OF RATES, LAND TAX AND OTHER CHARGES |
|---|
| <input type="checkbox"/> Please attach certificate issued by Commissioner for Revenue |

| STAGED DEVELOPMENT (Please complete if application relates to a Staged Development) | | | |
|--|--|--|--|
| TOTAL NUMBER OF STAGES | STAGE NUMBER FOR THIS APPLICATION | UNIT NUMBERS COMPLETED IN FIRST STAGE | DEVELOPMENT STATEMENT (forms part of Units Plan) |
| | | | <input type="checkbox"/> Please attach |

| PROPRIETOR/S – OWNER/S EXECUTION | |
|--|--|
| Print full name of Proprietor/s | Print full name and address of witness |
| Signature or common seal of Proprietor/s | Signature of witness |
| Dated - | Dated - |

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