





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. You may also obtain further information and forms at www.act.gov.au. Accessed to lodge an application to register a units plan under the Land Titles Act 1925 (the Act). You can access the Act at www.act.gov.au. You may also obtain further information and forms at www.act.gov.au. Accessed to the Act at www.act.gov.au. Act at w

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

- 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.

CERTIFICATIONS

Any inapplicable certification statement(s) must be deleted.

Certification statements must be made by the Certifier, being one of the following:

- a. A legal practitioner
- b. If the applicant is not represented by a legal practitioner the applicant (i.e. self- represented party)
- If a party to an instrument is not represented by a legal practitioner that party (i.e. self-represented party)

All certifications apply where the Certifier is a <u>legal practitioner</u>.

The first two listed certifications do not apply where the Certifier is a self-represented party. Self-represented parties are only required to make certifications relating to retaining evidence to support the registry instrument or document and ensuring the registry instrument or document is correct and compliant with relevant legislation and any prescribed requirement.

By certifying this form, the legal practitioner acknowledges they have taken reasonable steps to verify that their client or his, her or its administrator or attorney is a legal person and has the right to enter into the conveyancing transaction.

Note: - An attorney or a body corporate cannot make certification statements.

Email:

LODGEMENT INFORMATION CONTACT INFORMATION

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)

Phone: (02) 6207 0491

actlandtitles@act.gov.au





LAND TITLES ACCESS CANBERRA Chief Minister, Treasury and Economic Development Directorate

APPLICATION TO REGISTER A UNITS PLAN

Form	019 -	UP
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Land Titles Act 1925

LODGING PARTY D	ETAILS								
Name			Email Address			Customer Reference Number	Contact Telephone Number		
TITLE AND LAND DI	ETAILS								
Volume & Folio			District/Division			Section	Block		
DETAILS OF UNITS PLAN (Please provide all information listed below)				CLASS OF UN	CLASS OF UNITS				
XUP number									
Number of units	nits			PRIOR INTERESTS (List document numbers only)					
Total aggregate of u	unit entit	lements							
Total aggregate of unit subsidiaries				UNITS PLAN NUMBER (Land Titles to complete after registration)					
Units plan expiry da	ite								
NAME OF ARCHITECT/SURVEYOR AND FIRM WHO PREPARED PLAN		RE	RELATED DEPOSITED PLAN NUMBER						
FULL NAME OF REGISTERED PROPRIETOR/S – OWNER/S (Surname Last) (ACN required for all companies)		FU	FULL POSTAL ADDRESS (including postcode)						
NAME AND ADDRE (Surname Last) (ACN re				ODY COR	RPORATE — (Fou	und on SD form in Units Plan)			
CERTIFICATE OF RATES, LAND TAX AND OTHER CHARGES									
Please attach c	ertificate	issued by	Commissioner for	Revenue					

STAGED DEVELOPMENT (Please complete if application relates to a Staged Development)							
TOTAL NUMBER OF STAGES	STAGE NUM THIS APPLI			COMPLETED IN FIRST	DEVELOPMENT STATEMENT (forms part of Units Plan)		
						Please attach	
CERTIFICATION * [olicable					
Registered Propriet							
	taken reason	able steps	to verify the identity	y of the Registered Prop	orietor o	r his, her or its Administrator or	
Attorney.	ds a proporty	completed	Client Authorication	o for the Conveyancing	Transact	ion including this Registry	
Instrument or Doo		completed	Chefft Authorisation	Tior the conveyancing	TTallSact	lion including this Registry	
		evidence to	support this Regist	try Instrument or Docui	ment.		
				•		it is correct and compliant with	
relevant legislation	on and any Pre	escribed Re	quirement.			·	
Signed By:							
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<nume certifying="" of="" party=""> <capacity certifying="" of="" party=""></capacity></nume>							
for: <company name=""></company>							
on behalf of the Registered Proprietor							
OFFICE USE ONLY							
Lodged by				Registered date / by			

Attachments/Annexures

Data entered by