

VESTING

Form 086 - V

Land Titles Act 1925

IMPORTANT INFORMATION

This form is to be used to lodge an application to register a vesting 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

- 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 legal practitioner**
- A mortgagee corporation**
- 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 legal practitioner.

The first two listed certifications do not apply where the Certifier is a self-represented party or mortgagee corporation. Self-represented parties and mortgagee corporations 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.

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

LODGEMENT 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*)

CONTACT INFORMATION

Email: actlandtitles@act.gov.au

Phone: (02) 6207 0491



VESTING

Form 086 - V

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

FULL NAME AND ADDRESS OF APPLICANT (Surname Last) (ACN required for all companies) (including post code)

STATUTE DETAILS (Please tick the appropriate box)	GLOBAL CHANGE (Please tick the appropriate box)
<input type="checkbox"/> Complementary legislation passed;	<input type="checkbox"/> Change all references on mortgages
<input type="checkbox"/> Succession day must be fixed by the Treasurer by notice in the Gazette; and	<input type="checkbox"/> Change all references on subleases
<input type="checkbox"/> Certificate signed by the authorised person, specifying the land or interest; and stating that a specified asset has become a transferred asset or transferred liability of the "Receiving Bank" or "Transferring Bank".	<input type="checkbox"/> Change all references to the Proprietor
	<input type="checkbox"/> Change all references

COURT ORDER	Court Order Number -
(Provide the court order number if relevant and attach a copy)	

FULL NAME AND ADDRESS OF REGISTERED PROPRIETOR / MORTGAGEE
(Surname Last) (ACN required for all companies) (including post code)

FULL NAME AND ADDRESS OF RECEIVING PROPRIETOR / MORTGAGEE
(Surname Last) (ACN required for all companies) (including post code)

FORM OF TENANCY (if applicable – only complete if more than one receiving proprietor / mortgagee)**DATE****CERTIFICATION** *Delete the inapplicable**Applicant(s)**

*The Certifier has taken reasonable steps to verify the identity of the Applicant or his, her or its administrator or attorney.

*The Certifier holds a properly completed Client Authorisation for the Conveyancing Transaction including this Registry Instrument or Document.

*The Certifier has retained the evidence to support this Registry Instrument or Document.

*The Certifier has taken reasonable steps to ensure that the Registry Instrument or Document is correct and compliant with relevant legislation and any Prescribed Requirement.

Signed By:

<Name of certifying party>

<Capacity of certifying party>

for: <Company name>

on behalf of the Applicant

OFFICE USE ONLY

Lodged by

Registered by

Data entered by

Registration date