|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | LAND TITLESACCESS CANBERRA Chief Minister, Treasury and Economic Development Directorate  **NOTICE OF CHANGE OF ADDRESS FOR SERVICE**  **OF DOCUMENTS ON AN INSTRUMENT** | | |  |
| |  | | --- | | **Form 105 - CAI** | | | | | ***Land Titles Act 1925*** |
| **IMPORTANT INFORMATION**  This form is to be used to lodge a notice of change of address for service of documents on a sublease 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 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**   * If completing this form by hand, please use a 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.   **CERTIFICATIONS**  *Any inapplicable certification statement(s) must be deleted.*  *Certification statements must be made by the Certifier, being one of the following:*   1. **A legal practitioner** 2. **If the applicant is not represented by a legal practitioner – the applicant (i.e. self- represented party)** 3. **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. 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.** | | | |
| **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](mailto:actlandtitles@act.gov.au)  **Phone:** (02) 6207 0491 | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  | LAND TITLESACCESS CANBERRA Chief Minister, Treasury and Economic Development Directorate  **NOTICE OF CHANGE OF ADDRESS FOR SERVICE OF DOCUMENTS ON AN INSTRUMENT** | | | | | |
| |  | | --- | | **Form 105- CAI** | | | | | | |  | ***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 OF THE LESSEE/CAVEATOR**  (Surname Last) (ACN required for all companies) | | | | | | **TYPE OF DEALING**  (Caveat/Sublease) | | **REGISTERED DEALING NUMBER** | | | |
|  | | | | | |  | |  | | | |
| **PREVIOUS ADDRESS – FOR SERVICE OF NOTICE** | | | | | | **NEW ADDRESS** | | | | | |
|  | | | | | |  | | | | | |
| **CERTIFICATION** \**Delete the inapplicable*  **Lessee/Caveator** | | | | | | | | | | | |
| \*The Certifier has taken reasonable steps to verify the identity of the Lessee/Caveator 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 Lessee/Caveator | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | |
| Lodged by | | |  | | | Registered by/date | |  | | | |