



ACT REVENUE OFFICE
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ACT DUTY

Statement of Change in Beneficial Ownership

(for use where no documents executed)

Lodgment No: (Office use)

Lodger's Name

Lodger's number (for regular lodgers)	
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Address for correspondence

Contact Name

Contact Telephone No.

IMPORTANT: If any of the transferees listed below, or persons associated with any of the transferees, have entered into more than one transaction with the transferor during a 12-month period, please disclose the details on a separate page. If unsure please ask our staff.

Date of Transaction	Names of Parties		Consideration	Market value	Associated persons yes/no?	Suburb	Assessed Value
	Transferor	Transferee					
							<i>Office Use Only</i>

Description of Transaction
For office use only

I hereby declare that the above information, and supporting information is true and correct.		
Signed _____	Name _____	Date ___/___/___
GIVING FALSE OR MISLEADING INFORMATION IS A SERIOUS OFFENCE (Section 338 Criminal Code 2002) This form is Approved form AF 2006-72 under section 139C of the <i>Taxation Administration Act 1999</i>		