



## 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](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://www.ors.act.gov.au).

### PRIVACY INFORMATION

The Act authorises the Registrar-General to collect the information required by this form. The Registrar-General provides identifiable information to various agencies including, but not limited to, the ACT Planning and Land Authority, ACT Treasury, Canberra Connect and ACTEWAGL for conveyancing, municipal account administrative, statistical and valuation purposes. These agencies may also use this information to prepare and sell property sales reports to commercial organisations concerned with the development, sale or marketing of land.

### CONTACT INFORMATION

Lodge in person at the <b>Office of Regulatory Services:</b>	<b>255 Canberra Avenue, Fyshwick ACT 2609</b>
Office Hours:	<b>9:00am to 4:30pm Monday to Friday</b>
General enquiries telephone number:	<b>(02) 6207 0491</b>
Website address:	<a href="http://www.ors.act.gov.au">www.ors.act.gov.au</a>

### 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. (This execution does not require a witness).
- The following forms of execution are suggested –
  - a) **With A Common Seal**  
The common seal of ABC Pty Ltd/Ltd ACN.....  
was affixed in the presence of-  
.....(signature)  
.....(director/secretary)\*  
(\*repeat if necessary i.e. if two directors signing. If signing as sole director and sole secretary, state ‘director/secretary’) – (This execution does not require a witness).
  - b) **Without A Common Seal**  
Signed by ABC Pty Ltd/Ltd ACN.....  
.....(signature)  
.....(director/secretary)\*  
(\*repeat if necessary i.e. if two directors signing. If signing as sole director and sole secretary, state ‘director/secretary’) – (This execution does not require a witness).



LAND TITLES  
OFFICE OF REGULATORY SERVICES  
Department of Justice and Community Safety



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### LODGING PARTY DETAILS

Name	Postal Address	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

<b>PRIOR INTERESTS</b> (List document numbers only)
<b>UNITS PLAN NUMBER</b> (Land Titles to complete after registration)

### FULL NAME OF REGISTERED PROPRIETOR/S – OWNER/S

(Surname Last)(ACN required for all companies)

### FULL POSTAL ADDRESS (including postcode)

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### 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)

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**CERTIFICATE OF RATES, LAND TAX AND OTHER CHARGES** 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	