

Unit Titles Act 2001, s180

## APPLICATION FOR A UNIT ENTITLEMENT AUTHORITY

Form 4

This form should be completed when applying to amend the Schedule of Unit Entitlement of a Units Plan.

Lease/Site Details Plea	se Print		
If more than one lease/site	e, attach t	the following details for each lease/site	
	Block		
	Section [		
	Suburb [		
Units Plan	Number [		
Street	Address		
F	Postcode		
Applicant Details Pleas	e Print		
Surname		First Name	
Company Name			
Postal Address			
Suburb		State Postcode	
Phone Number Business Hours		Mobile	
Email Address			

<b>Owners Corporation</b>	Details Please Print						
1 <sup>st</sup> Executive Member's	s Details						
Surname		First Name					
Company Name							
Position held in company		Australian Company/Business Number (ACN/ABN)					
Postal Address							
Suburb		State Postco	ode				
Phone Number Business Hours		Mobile					
Email Address							
2nd Executive Member	r's Details						
Surname		First Name					
Company Name							
Position held in company		Australian Company/Business Number (ACN/ABN)					
Postal Address							
Suburb		State Postco	ode				
Phone Number Business Hours		Mobile					
Email Address							
Form 2 – Schedule of	Unit Entitlement						
Is a Schedule of Unit Entitlement (Form 2) for the land specified in this application attached?  NO  YES							
Certification of Unit Entitlement by a Member of the Institute of Valuers							
Is a Certification of Unit Entitlement by a Member of the Institute of Valuers for the land specified in this application attached?  NO  YES							

Copy of Special Resol	ution				
Is a copy of the special reso submitting this application f	f	□ NO □ YES			
<b>Conflict of Interest De</b>	claration				
Does the applicant or lessee have any association with Planning and Land Authority staff?					s
If YES - please provide deta	ils:			☐ YE	
	or deliberately giving false and misleading informa roval if satisfied that the approval was obtained by				uthority or
Applicant and Owners	Corporation Declaration				
I/we the undersigned, hereby ap	oply for approval for a unit entitlement authority on the	land spe	cified in this a	application;	
I/we declare that this application approval;	is accompanied by all of the required information or o	document	ts for it to be	considered	for
I/we understand that the docum application;	entation provided will be considered to be the relevant	t docume	ntation assoc	ciated with th	nis
to this application for a unit entit liaise with the Planning and Lan	orporation) appoint the applicant whose signature app lement authority. This authorises the applicant to pay d Authority when required, alter, amend or provide fur this application for a unit entitlement authority;	all applica	ation fees, bo	nds and se	curities,
I/we declare that all the informa-	tion given on this form and its attachments is true and	complete	<b>)</b> ;		
I/we the undersigned, declare I/	we have the appropriate delegation or authority to sigr	n on beha	alf of the Own	ers Corpora	ation.
Applicant Signature (s)		Date			
1 <sup>st</sup> Executive Member's Signature		Date			
2 <sup>nd</sup> Executive Member's Signature		Date			
Customer Service Centre GPO Box 1908, Canber 16 Challis Street, Dicks	ra City 2601		ys) TY: (02) 6	207 2622	2

## **Privacy Notice**

Email: actpla.customer.services@act.gov.au

The personal information on this form is being collected to enable processing of your application. Collection of personal information is authorised by the *Unit Titles Act 2001*. The information that you provide may be disclosed to Government Agencies such as the ACT Revenue office and the Registrar-General's Office.

Website: www.actpla.act.gov.au