

OFFICE OF REGULATORY SERVICES Department of Justice and Community Safety

#### UNDERLEASE

Form 083 - UL

Land Titles Act 1925



#### IMPORTANT INFORMATION

This form is to be used to lodge an underlease 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.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 Office of Regulatory Services: 255 Canberra Avenue, Fyshwick ACT 2609 Office Hours: 9:00am to 4:30pm Monday to Friday

General enquiries telephone number: (02) 6207 0491 Website address: www.ors.act.gov.au

#### INSTRUCTIONS FOR COMPLETION

- A sublease is required to be marked by ACT Revenue if it has a term greater than 30 years (for Commercial Purposes).
- The certificate of title is not required for lodgement of this document.
- 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).
  - **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

# **UNDERLEASE**



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Land Titles Act 1925

LODGING PARTY DETAILS									
Name			Postal Address			Contact Telephone Number			
TITLE AND LAND DETAILS									
Volume & Folio	e & Folio		t/Division	Section	Block		Unit		
REGISTERED SUBLEASE NUMBER (Associated Dealing Number)									
FULL NAME OF LESS	OR -OWNER	R (Surna	me Last)	FULL POSTAL ADDRESS OF LESSOR					
(ACN required for all com	npanies)			FOLL POSTAL ADDRE	33 OF LE33	OK			
FULL NAME OF LESSEE - TENANT (Surname Last)				FULL POSTAL ADDRESS OF LESSEE					
(ACN required for all companies)									
TENANCY OF LESSEE	TENANCY OF LESSEE (Only complete if more than one Lessee)								
Joint Tenants / Tenants in Common (in the following shares) -									
AREA BEING LEASED									
Whole of the Land	d (	OR	Area/Shop/Tenancy on Sublease Plan/s No.s						
UNDERLEASE COMMENCEMENT DATE			UNDERLEASE TERMI	NATION DA	ATE				

CONDITIONS (Tick whichever is applicable – At least one box will apply)									
The covenants implied at sections 119 and 120 of the Land Titles Act 1925 are hereby negated.									
The provisions set forth in the registered Memorandum of Provisions (MOP) are deemed to be incorporated herein / as modified by annexure as attached. Please provide registered MOP number below.									
The covenants and conditions set out in the annexure attached are deemed to be incorporated									
Provide registered MOP number									
CONSENTING PARTY – SUPPORTING DOCUMENTATION  (Use one form for each party required to consent)									
Please complete and attach – Form 042 – C – Consent									
LESSOR/S – OWNER/S EXECUTION									
Print full name of Lessor		Print full name and address of witness							
Signature or common seal of L	essor	Signature of witness							
Dated -		Dated -							
LESSEE/S – TENANT/S EXECUTION									
Print full name of Lessee		Print full name and address of witness							
Signature or common seal of L	essee	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							