



APPLICATION TO ALTER A UNITS PLAN

Form 055 - ALUP

Land Titles Act 1925

IMPORTANT INFORMATION

This form is to be used to lodge an application to alter a units plan 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 Environment and Sustainable Development Directorate, ACT Treasury Directorate, 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

- The certificate of title or production of title consenting to the registration of this document is required for lodgement for any unit affected by the registration 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).
 - 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. (No witness is required for this execution).
- 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’ - (No witness is required for this execution).
 - 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’ - (No witness is required for this execution).

**ACT**

Government

Justice and Community Safety

LAND TITLES
 OFFICE OF REGULATORY SERVICES
 ACT Justice and Community Safety Directorate

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*Land Titles Act 1925***LODGING PARTY DETAILS**

Name	Postal Address	Contact Telephone Number

TITLE AND LAND DETAILS

Volume & Folio	District/Division	Section	Block	Unit

UNITS PLAN NUMBER**DATE**

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FULL NAME OF APPLICANT (Surname Last)**FULL POSTAL ADDRESS** (including Post Code)

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TYPE OF VARIATION (Please tick relevant box and supply more detail – provide all unit numbers affected)

- Staged Development (please complete box below)
- Building Damage Order
- Minor Boundary Change
- Alteration to Schedule of Unit Entitlement
- Other

STAGED DEVELOPMENT (Please complete if application relates to a Staged Development)

TOTAL NUMBER OF STAGES	STAGE NUMBER FOR THIS APPLICATION	UNIT NUMBERS COMPLETED IN THIS STAGE	LIST PAGE NUMBERS IN PLAN THAT HAVE BEEN AMENDED/REPLACED

SUPPORTING DOCUMENTATION (Please tick relevant box – supply all evidence required)

- ACT Civil and Administrative Tribunal (ACAT) Order Number -
- Authority executed by the Authorised officer on behalf of the Minister / ACT Planning and Land Authority
- Amended Development Statement
- Gazettal Notice
- Amended Units Plan pages
- Amended Surveyors Declaration
- Application made within three (3) months of the date the Authority (ACTPLA) has executed replacement sheets

COURT ORDER PERIOD (complete if applicable)	APPLICATION PERIOD (complete if applicable)
Application must be made within three months of the date of the court order.	Application must be made within three months of the unopposed resolution by the Owners Corporation endorsing an application to the Minister.
Date of Court Order: -	Date of Unopposed Resolution: -

LESSOR'S / ACTPLA'S EXECUTION

Signed by the person duly authorised by ACT Planning and Land Authority (Please print full name of authorised signatory).	Print full name and address of witness
Signature of authorised person	Signature of witness

APPLICANT'S EXECUTION

Print full name of applicant	Print full name and address of witness
Signature or common seal of applicant	Signature of witness

OFFICE USE ONLY

Lodged by		Certificate of title lodged	
Data entered by		Certificates attached to title	
Registered by		Attachments / Annexures	
Registration date		Production number	