



LAND TITLES

ACCESS CANBERRA
Chief Minister, Treasury and Economic Development Directorate

### APPLICATION FOR REMOVAL OF NAME SUPPRESSION IN THE LAND TITLES REGISTER

RNS - 013

**Land Titles Act 1925** 

#### IMPORTANT INFORMATION

This form is to be used to lodge an application for name suppression in the land titles register under the *Land Titles Act 1925* (the Act). You can access the Act at <a href="https://www.legislation.act.gov.au">www.legislation.act.gov.au</a> or information and forms at <a href="https://www.act.gov.au/accesscbr">www.act.gov.au/accesscbr</a>.

#### **PRIVACY INFORMATION**

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of issuing a registration under the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General provides identifiable information to law enforcement and other Directorates that have legal authority to request information under prescribed circumstances. 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.

#### INSTRUCTIONS FOR COMPLETION

- The certificate of title is not required for lodgement of this document.
- There is no fee for lodgement of form
- Only the Registered Proprietor can apply to have their application for name suppression removed.
- Removal of the name suppression will result in details being made available to members of the public who search the Land Register by name.
- One form of Primary and two forms of Secondary Identification is required for the Registered Proprietor.
  - Primary Identification Birth Certificate, Passport or Citizenship Certificate
  - Secondary Identification Driver's Licence, Medicare Card, Pension Card, Tax File Number Declaration.
  - Identification supplied must be certified by the same person who witnesses your execution on the form.
  - **NOTE:** that one form of identification provided must be a government issued document containing a photograph and a signature.
- 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.
- Execution of your signature should be witnessed by an adult person who is not a party to the document and is authorised under the *Statutory Declarations Act 1959*.
- For information regarding the *Statutory Declarations Act 1959* refer to the Attorney-General's Department website <a href="www.ag.gov.au">www.ag.gov.au</a>

#### **CONTACT AND LODGEMENT INFORMATION**

Website:

In Person:

www.accesscanberra.act.gov.au

**Environment, Planning and Land Shopfront** 

**General Enquiries:** 13 22 81

Ground Floor South, Dame Pattie Menzies House, 16 Challis Street, Dickson Opening hours - Monday to Friday 8:30am to 4:30pm (excluding public holidays)





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RNS -	012	

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LODGING PARTY DETAILS								
Name		Email Address			Contact Telephone Number			
TITLE AND LAND DETAILS								
Volume & Folio	District/Division		Section	Block		Unit		
FULL NAME OF THE REGISTERED PROPRIETOR (Surname Last)			POSTAL ADDRESS OF THE REGISTERED PROPRIETOR					
REASON FOR REMOVAL								
ACKNOWLEDGMENT								
I hereby apply to the Registrar-General to remove the name suppression restriction relating to the above land.  I acknowledge that the removal of this restriction will result in my details being made available to members of the public who search the Land Register by name.								
EXECUTION (Witness must be authorised under the Statutory Declarations Act 1959)								
Print full name of registered proprietor			Print full name of witness					
Signature of registered proprietor (sign in space below)			Qualification and address of witness					
			Signature of witness (sign in space below)					
Dated -	- Dated -							

OFFICE USE ONLY							
<b>PRIMARY IDENTIFICATION</b> — (Minimum of one form of primary evidence required. One form of identification provided must be a government issued document containing a photograph and a signature.)							
Birth Certificate	State/Territory Number	Australian Citizenship Certificate	Number				
Passport	Country Number						
SECONDARY IDENTIFICATION — (Two forms of secondary evidence required)							
Drivers Licence	State/Territory Number	Medicare Card	Number Expiry Date				
Pension Card	Number	Tax File Number Declaration					
Lodged by	Manager/Assistant Manager	Registered by					
Data entered by		Registration Date					