



# TRANSMISSION APPLICATION

Form 032 - TA

**Land Titles Act 1925** 

#### IMPORTANT INFORMATION

This form is to be used to lodge a transmission application 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>. You may also obtain further information and forms at <a href="https://www.act.gov.au/accesscbr">www.act.gov.au/accesscbr</a>.

### **PRIVACY NOTICE**

The collection of personal information in this form is required by law under the *Land Titles Act 1925*, to ensure accurate and legal transfer of title or registration of other interests relating to land and for maintaining publicly searchable registers and indexes. Personal information collected on this form will be handled in accordance with the Territory Privacy Principles in Schedule 1 of the Information Privacy Act 2014. More detailed information about how Access Canberra handles this personal information is available at: <a href="https://www.act.gov.au/acprivacy">https://www.act.gov.au/acprivacy</a>

#### INSTRUCTIONS FOR COMPLETION

- A Transmission Application is a dutiable document.
- Original sealed probate or certified true copy of original must be supplied with lodgement of this form.
- The Buyer and Seller Verification Declarations (in cases of bankruptcy) must be completed prior to lodgement of this form. The submission date and reference number must be recorded on this form.
- All information should be typed or clearly printed. If completing this form by hand, please use a solid black pen only.
- The first named person in the entitled section of this form will be the primary contact for ACT Revenue Office purposes.
- 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.

# **CERTIFICATIONS**

Any inapplicable certification statement(s) must be deleted.

Certification statements must be made by the Certifier, being one of the following:

- a. A legal practitioner
- b. If the applicant is not represented by a legal practitioner the applicant (i.e. self- represented party)
- c. If a party to an instrument is not represented by a legal practitioner that party (i.e. self-represented party)

All certifications apply where the Certifier is a legal practitioner.

The first two listed certifications do not apply where the Certifier is a self-represented party. Self-represented parties are only required to make certifications relating to retaining evidence to support the registry instrument or document and ensuring the registry instrument or document is correct and compliant with relevant legislation and any prescribed requirement.

By certifying this form, the legal practitioner acknowledges they have taken reasonable steps to verify that their client or his, her or its administrator or attorney is a legal person and has the right to enter into the conveyancing transaction.

Note: - An attorney or a body corporate cannot make certification statements.

## LODGEMENT INFORMATION CONTACT INFORMATION

**Email:** 

In Person:

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

**Phone:** (02) 6207 0491

actlandtitles@act.gov.au





# TRANSMISSION APPLICATION

| Form 032 - TA   |                              |   |                       |                              |                        | Land Titles Act 192         |  |
|---|------------------------------|---|-----------------------|------------------------------|------------------------|-----------------------------|--|
| LODGING PARTY D   | ETAILS                       |   |                       |                              |                        |                             |  |
| Name  |                              | Email Address   |                       | Customer Reference<br>Number |                        | Contact Telephone<br>Number |  |
|   |                              |   |                       |                              |                        |                             |  |
| TITLE AND LAND DI   | ETAILS                       |   |                       |                              |                        |                             |  |
| Volume & Folio  | District/Division            |   | Section               |                              | Block                  | Unit                        |  |
| THE SELLER VERIFICATION DECLARATION HAS BEEN SUBMITTED (In cases of bankruptcy only) to be completed prior to lodgement of this document) |                              |   |                       |                              |                        |                             |  |
| Yes – (provide d<br>Submission Date:  | ate and                      | reference number, if there are m<br>Reference   | •                     | ns pro                       | ovide details for all) |                             |  |
| FULL NAME OF DEC  | / BANKRUPT (Surname Last)    | DATE OF DEATH (if applicable)   |                       |                              |                        |                             |  |
|   |                              |   |                       |                              |                        |                             |  |
| PERCENTAGE OF IN  | OWNED (whole or state share) | PERCENTAGE OF INTEREST BEING TRANSFERRED (whole or state share)   |                       |                              |                        |                             |  |
|   |                              |   |                       |                              |                        |                             |  |
| FULL NAME OF APP  | (Surname Last)               | THE BUYER VERIFICATION DECLARATION HAS BEEN SUBMITTED (must be completed prior to lodgement of this document) |                       |                              |                        |                             |  |
|   |                              |   | Provide date ar       | nd ref                       | erence number/s        |                             |  |
|   |                              |   | Submission Dat        | te:                          | Referer                | nce Code:                   |  |
| ENTITLEMENT (delet  | e whichev                    | ver is not applicable)  |                       |                              |                        |                             |  |
| Entitled as - Execut  | or / Ben                     | eficiary / Administrator /Other (P  | lease State) -        |                              |                        |                             |  |
| FORM OF TENANCY (only complete if applying as beneficiaries)  |                              |   |                       |                              |                        |                             |  |
| Joint Tenants Tenants in Com  | mon in                       | the following shares (Please state pr   | oprietors name and sh | nares o                      | ut in full) -          |                             |  |

| SUPPORTING DOCUMENTATION (delete whichever is not applicable)  |                                      |   |                    |  |  |  |  |
|--|--------------------------------------|---|--------------------|--|--|--|--|
| Pursuant to: Probate   | Letters of Administration            | Sequestration Order Othe  | r – Please specify |  |  |  |  |
| Number   | Granted on (date)                    | Gra   | nted to:           |  |  |  |  |
| <b>DEVELOPMENT STATUS</b> (Tick the completed)   | ne appropriate box – one box must be | LAND USE (Tick the appropriate box – one box must be completed) |                    |  |  |  |  |
| Land Only Incomplete Building Building Completed   |                                      | Residential Rural Commercial                                    |                    |  |  |  |  |
| CERTIFICATION *Delete the inapplicable   |                                      |   |                    |  |  |  |  |
| *The Certifier has taken reasonable steps to verify the identity of the Executor or his, her or its administrator or attorney.  *The Certifier holds a properly completed Client Authorisation for the Conveyancing Transaction including this Registry Instrument or Document.  *The Certifier has retained the evidence to support this Registry Instrument or Document.  *The Certifier has taken reasonable steps to ensure that the Registry Instrument or Document is correct and compliant with relevant legislation and any Prescribed Requirement.  |                                      |   |                    |  |  |  |  |
| Signed By:   |                                      |   |                    |  |  |  |  |
| <name certifying="" of="" party=""> <capacity certifying="" of="" party=""></capacity></name>  |                                      |   |                    |  |  |  |  |
| for: <company name=""></company>   |                                      |   |                    |  |  |  |  |
| on behalf of the Executor Consenting   |                                      |   |                    |  |  |  |  |
| CERTIFICATION *Delete the ina  | pplicable                            |   |                    |  |  |  |  |
| Applicant  |                                      |   |                    |  |  |  |  |
| *The Certifier has taken reasonable steps to verify the identity of the Applicant or his, her or its administrator or attorney.  *The Certifier holds a properly completed Client Authorisation for the Conveyancing Transaction including this Registry Instrument or Document.  *The Certifier has retained the evidence to support this Registry Instrument or Document.  *The Certifier has taken reasonable steps to ensure that the Registry Instrument or Document is correct and compliant with relevant legislation and any Prescribed Requirement. |                                      |   |                    |  |  |  |  |
| Signed By:   |                                      |   |                    |  |  |  |  |
| <name certifying="" of="" party=""> <capacity certifying="" of="" party=""></capacity></name>  |                                      |   |                    |  |  |  |  |
| for: <company name=""></company>   |                                      |   |                    |  |  |  |  |
| on behalf of the Applicant   |                                      |   |                    |  |  |  |  |
| OFFICE USE ONLY  |                                      |   |                    |  |  |  |  |
| Lodged by  |                                      | Registered date / by  |                    |  |  |  |  |
| Data entered by  |                                      | Attachments/Annexures   |                    |  |  |  |  |