





Chief Minister, Treasury and Economic Development Directorate

PARTIAL DETERMINATION/ SURRENDER OF A SUBLEASE OR UNDERLEASE

Form 006 -PDSL						Land Titles Act 192
LODGING PARTY D	ETAILS					
Name		Email Address		Customer Reference Number		Contact Telephone Number
TITLE AND LAND D	ETAILS					
Volume & Folio		District/Division	Section	Section Block		Unit
FULL NAME AND ADDRESS OF REGISTERED LESSOR OF SUBLEASE (Surname Last) (ACN required for all Companies)			REGISTERED NUMBER OF SUBLEASE / UNDERLEASE			
FULL NAME AND ADDRESS OF REGISTERED LESSEE OF SUBLEASE (Surname Last) (ACN required for all Companies)			DESCRIPTION OF PART OF ESTATE / INTEREST REMAINING (i.e. Areas identified on Sublease Plan No)			
CERTIFICATION * D	elete the in	napplicable				
Lessee						
*The Certifier hold Instrument or Doc *The Certifier has i *The Certifier has i	ls a prope ument. retained t taken rea	sonable steps to verify the idenerly completed Client Authorisat the evidence to support this Regisonable steps to ensure that the ribed Requirement.	ion for the Conv	veyanci It or Do	ng Transaction incl cument.	uding this Registry
Signed By:						
<name <="" certifying="" of="" p="" page=""></name>						
for: <company name<="" td=""><td>e></td><td></td><td></td><td></td><td></td><td></td></company>	e>					
on behalf of the Le	ssee					

CERTIFICATION * Delete the inapplicable						
Lessor						
*The Certifier has taken reasonable steps to verify the identity of the Lessor 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 law and any Prescribed Requirement.						
Signed By:						
<name certifying="" of="" party=""> <capacity certifying="" of="" party=""> for: <company name=""></company></capacity></name>						
on behalf of the Lessor						
CONSENTING PARTY – SUPPORTING DOCUMENTATION DATE						
(One form required for each party red	quired to consent)	DATE				
Please complete and attac	ch – Form 042 – C – Consent					
OFFICE USE ONLY						
Lodged by		Registered date / by				
Data entered by		Attachments/Annexures				