



UNIT PLAN

Form 019 - UP

Land Titles Act 1925

LODGING PARTY DETAILS			
Name	Email Address	Customer Reference Number	Contact Telephone Number

TITLE AND LAND DETAILS			
Volume & Folio	District/Division	Section	Block

FULL NAME OF REGISTERED PROPRIETOR/S – OWNER/S
(Surname Last) (ACN required for all companies)

NAME OF ARCHITECT/SURVEYOR AND FIRM WHO PREPARED PLAN	RELATED DEPOSITED PLAN NUMBER

CERTIFICATE OF RATES, LAND TAX AND OTHER CHARGES	CONSENT FROM MORTGAGEE (if applicable)
<input type="checkbox"/> Attach certificate issued by Commissioner for Revenue	<input type="checkbox"/> Please attach

STAGED DEVELOPMENT (Please complete if application relates to a Staged Development)			
TOTAL NUMBER OF STAGES	STAGE NUMBER FOR THIS APPLICATION	UNIT NUMBERS COMPLETED IN FIRST STAGE	DEVELOPMENT STATEMENT (forms part of Units Plan)
			<input type="checkbox"/> Please attach

CERTIFICATION <i>*Delete the inapplicable</i>
<p>Registered Proprietor</p> <p>* The Certifier has taken reasonable steps to verify the identity of the Registered Proprietor or his, her or its Administrator or Attorney.</p> <p>* The Certifier holds a properly completed Client Authorisation for the Conveyancing Transaction including this Registry Instrument or Document.</p> <p>* The Certifier has retained the evidence to support this Registry Instrument or Document.</p> <p>* 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.</p> <p>Signed By:</p> <p><Name of certifying party></p> <p><Capacity of certifying party></p> <p>for: <Company name></p> <p>on behalf of the Registered Proprietor</p>

OFFICE USE ONLY			
Lodged by		Registered date / by	
Data entered by		Attachments/Annexures	
Unit Plan Number			