



LAND TITLES ACCESS CANBERRA Chief Minister, Treasury and Economic Development Directorate

TRANSMISSION APPLICATION

Form 032 - TA							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		istrict/Division	Section		Block	Unit	
FULL NAME OF DECEASED (Surname Last)			ne Last)	DATE OF DEATH				
PERCENTAGE OF INTEREST OWNED (whole or state share)			IED (whole or state share)	PERCENTAGE OF INTEREST BEING TRANSFERRED (whole or state share)				
FULL NAME OF APPLICANT/S (Surname Last)			THE BUYER VERIFICATION DECLARATION HAS BEEN SUBMITTED (must be completed prior to lodgement of this document)					
				Submission Date: Reference Code:				
Submission Date:					Refere	nce Code:		
ENTITLEMENT (dele	te whichev	er is no	ot applicable)					
Entitled as - Executor / Beneficiary / Administrator / Other (Please State) -								
FORM OF TENANCY (only complete if applying as beneficiaries and must be as stated in will)								

Number	Granted on (date)		Granted to):
DEVELOPMENT STATUS (Tick the appropriate box completed)	LAND USE (Tick the appropriate box – one box must be completed)			
Land Only Incomplete Building Bui	lding Completed	Residential	Rural	Commercial

Letters of Administration

Joint Tenants Tenants in Common in the following shares (Please state proprietors name and shares out in full) —

Will

 $\textbf{SUPPORTING DOCUMENTATION} (tick \ whichever \ is \ applicable)$

Probate

Pursuant to:

CERTIFICATION * Delete the inapplicable
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 law 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				