



## APPLICATION FOR LAPSING OF A CAVEAT

Form 038 - ALX

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	Unit	Registered Caveat Number

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

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**FULL NAME AND ADDRESS OF CAVEATOR/S** (Surname Last) (ACN required for all companies)

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**DATE**

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**CERTIFICATION** \*Delete the inapplicable

**Registered Proprietor**

\*The Certifier has taken reasonable steps to verify the identity of the Registered Proprietor 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 of certifying party>

<Capacity of certifying party>

for: <Company name>

on behalf of the Registered Proprietor

### OFFICE USE ONLY

Lodged by		Registered date / by	
Data entered by		Attachments/Annexures	