**WRIT** 





## Chief Minister, Treasury and Economic Development Directorate

081 - W						Land Titles Act 192
LODGING PARTY DE	TAILS					
Name		Email Address		Customer Reference Number		Contact Telephone Number
TITLE AND LAND DE	TAILS				1	
Volume & Folio		District/Division	Section	Block		Unit
FULL NAME AND ADDRESS OF APPLICANT (Surname Last) (ACN required for all Companies)						
FULL NAME AND ADDRESS OF REGISTERED PROPRIETOR / OWNER (Surname Last) (ACN required for all Companies)						
TYPE OF WRIT (Briefly describe the writ – E.g. Writ of Fieri facias)						
DETAILS OF WRIT						
Court Order Number Statutory Declaration attached						
Court Order Nu	ilibei			eciaration attac	neu	
CERTIFICATION *De	lete the inap	pplicable				
*The Certifier has taken reasonable steps to verify the identity of the Applicant or his, her or its Administrator or attorney.						
		completed Client Authorisation	n for the Convey	ancing Transac	tion includ	ling this Registry
Instrument or Docu		evidence to support this Regis	stry Instrument o	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 ar						·
Signed By:						
<name certifying="" of="" po<br=""><capacity certifying<="" of="" td=""><td></td><td></td><td></td><td></td><td></td><td></td></capacity></name>						
for: <company name<="" td=""><td>&gt;</td><td></td><td></td><td></td><td></td><td></td></company>	>					
on behalf of the App	olicant					
OFFICE USE ONLY						
Lodged by			Registered dat	e / by		
Data entered by			Attachments/	Annexures		