



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

VESTING

Form 086 - V

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		

FULL NAME AND ADDRESS OF APPLICANT (Surname Last) (ACN required for all companies) (including post code)

STATUTE DETAILS (Please tick the appropriate box)	GLOBAL CHANGE (Please tick the appropriate box)		
 Complementary legislation passed. Succession day must be fixed by the Treasurer by notice in the Gazette; and 	 Change all references on mortgages Change all references on subleases 		
Certificate signed by the authorised person, specifying the land or interest; and stating that a specified asset has become a transferred asset or transferred liability of the "Receiving Bank" or "Transferring Bank".	 Change all references to the Proprietor Change all references 		
COURT ORDER			

Court Order Number -

FULL NAME AND ADDRESS OF REGISTERED PROPRIETOR / MORTGAGEE

(Surname Last) (ACN required for all companies) (including post code)

(Provide the court order number if relevant and attach a copy)

FULL NAME AND ADDRESS OF RECEIVING PROPRIETOR / MORTGAGEE

(Surname Last) (ACN required for all companies) (including post code)

FORM OF TENANCY
Joint Tenants Tenants in Common in (the following shares) - (Please state proprietors name and shares out in full)

DATE

CERTIFICATION * Delete the inapplicable

Applicant(s)

*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 of certifying party> <Capacity of certifying party>

for: <Company name>

on behalf of the Applicant

OFFICE USE ONLY				
Lodged by		Registeredby		
Data entered by		Registration date		