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| ACT Government logo and Access Canberra logo | LAND TITLESACCESS CANBERRAChief Minister, Treasury and Economic Development Directorate **FURTHER LEASE OF UNITS PLAN**  |
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| **Form 030 - FLUP** |

 | ***Land Titles Act 1925*** |
| **LODGING PARTY DETAILS** |
| Name | Email Address | Customer Reference Number | Contact Telephone Number |
|       |       |       |       |

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| **TITLE AND LAND DETAILS** |
| Common PropertyVolume & Folio | District/Division | Section | Block | Units Plan Number |
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| **DATE OF SURRENDER OF LEASE** | **SPECIAL RESOLUTION** (Resolution must be dated and a certified copy) |
|        | [ ]  Supply signed copy of motion |

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| **TERM OF FURTHER LEASE** (Must commence on the day after the date of the surrender) |
| Term | Grant Date | Commencement Date |
|       |       |       |

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| **VOLUME & FOLIO AND UNIT NUMBERS FOR ALL THE UNITS IN THE UNIT PLAN** – The identifiers of all units must be listed  |
| Volume & Folio | Unit Number | **Volume & Folio** | **Unit Number** | **Volume & Folio** | **Unit Number** |
|       |       |       |       |       |       |
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| **CERTIFICATION** \**Delete the inapplicable***Owner’s Corporation** |
| \*The Certifier has taken reasonable steps to verify the identity of the Owner’s Corporation or his, her or its administrator orAttorney.\*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 Owner’s Corporation |

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| **EXECUTION BY ACT PLANNING AND LAND AUTHORITY** |
| **CERTIFICATION**  |
| \*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: Witnessed By (signature):Delegate of Authority Full name of Witness:Position Number*:*  for: ACT Planning and Land Authority |

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| **OFFICE USE ONLY** |
| Lodged by |  | Registered by/Date |  |
| Data entered by |  | Attachments / Annexures |  |