

APPLICATION FOR REPLACEMENT CERTIFICATE OF TITLE

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New South Wales
s111 Real Property Act 1900

PRIVACY NOTE: Section 31B of the Real Property Act 1900 (RP Act) authorises the Registrar General to collect the information required by this form for the establishment and maintenance of the Real Property Act Register. Section 96B RP Act requires that the Register is made available to any person for search upon payment of a fee, if any.

(A) **CERTIFICATE OF TITLE** For which a replacement is requested: insert the folio identifier (number) only

(B) **LODGED BY**

Document Collection Box	Name, Address or DX, Telephone, and Customer Account Number if any Reference (optional):	CODE PV
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(C) **REGISTERED PROPRIETOR** Insert the names of all the registered proprietors

(D) **APPLICANT**

- (E) The certificate of title referred to above has been *[tick one]*—
 mislaid destroyed stolen damaged or defaced.
- (F) The applicant *[tick the applicable item(s)]*—
 is a private person who is a registered proprietor of the land in the certificate of title
 is a corporation which is a registered proprietor of the land in the certificate of title
 is a lending institution having a registered first mortgage over the land in the certificate of title
 had custody of the certificate of title at the time it was mislaid, destroyed, etc, and is—
 a lending institution not having a registered first mortgage over the land in the certificate of title
 a trustee institution
 a legal practitioner
 a licensed conveyancer .
- [If other, specify]:*

The applicant hereby consents to the Registrar General contacting the relevant issuing authorities to validate any supporting evidence lodged with this application and applies for replacement of the certificate of title referred to above.

DATE / /
 dd mm yyyy

(G) I certify that I am an eligible witness and that the applicant signed this dealing in my presence. [See note* below].

Certified correct for the purposes of the Real Property Act 1900 by the applicant.

Signature of witness: _____ Signature of applicant: _____

Name of witness: _____

Address of witness: _____

Daytime telephone number of witness: *

PLEASE NOTE: Failure to comply with any relevant instruction contained in *the Registrar General's Directions* will lead to rejection of this application.

WARNING! SEVERE PENALTIES MAY BE IMPOSED FOR LODGING A FALSE APPLICATION.

* The witness may be contacted to verify the signing.

* s117 RP Act requires that you must have known the signatory for more than 12 months or have sighted identifying documentation.

ALL HANDWRITING MUST BE IN BLOCK CAPITALS Page 1 of +-