



Australian  
Capital Territory  
Government

Planning and Land  
Management

## Unit Titles Act 2001 - Form 4

# Application for a Unit Entitlement Authority

### When should you use this form?

This form should be completed when applying to amend the Schedule of Unit Entitlement of a Units Plan.

Please supply the following with your application:

- the original plus three (3) paper copies of the Schedule of Unit Entitlement (Form 2);
- certification of the amended Schedule of Unit Entitlement by a Member of the Institute of Valuers;
- copy of the unopposed resolution of the owners corporation dated within 3 months of submitting this application;
- the application fee;
- if you are an agent: authority to act on behalf of the owners corporation;
- any additional information necessary to finalise your application.

**Privacy Notice:** The personal information on this form is being collected to enable processing of your application. Collection of personal information is authorised by Part 15 of the Unit Titles Act 2001.

### Part 1: Lease/Site details

Block

Section

Suburb

Units  
Plan No.

Street address

### Part 2: Applicant details

Surname or Company name

Title / First Name / Initials or  
Australian Company Number (ACN)

If a company Name of contact person

Postal address

Suburb

State/Territory

Postcode

Phone number (business hours)

Fax number

Email

#### OFFICE USE ONLY

Fees


Date received

/	/	/
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Receipt number

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Receiving officer

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### Part 3: Applicant's declaration

*I/we the undersigned, being the applicant(s) nominated in this application, hereby apply for approval to amend the Schedule of Unit Entitlement described in this application on the land specified in this application.*

*I/we hereby authorise ACT Government Officers to access the subject property(s) for the purpose of evaluating the proposal.*

*I/we understand that payment of additional fees may be required.*

*I/we declare that all the information I/we have given on this form and its attachments is true and complete.*

Signature(s) \_\_\_\_\_

If a company, capacity/authority \_\_\_\_\_

Date    /    / \_\_\_\_\_

### Part 4: Owners corporation details

**1st Executive Member's details** (If the same as applicant, write 'see applicant')

Surname or Company name \_\_\_\_\_

Title / First Name / Initials or  
Australian Company Number (ACN) \_\_\_\_\_

If a company Name of contact person \_\_\_\_\_

Postal address \_\_\_\_\_

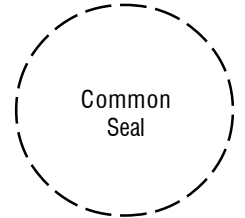
Suburb \_\_\_\_\_ State/Territory \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number (business hours) \_\_\_\_\_

Fax number \_\_\_\_\_

Email \_\_\_\_\_



#### Executive Member's Signature

Signature \_\_\_\_\_

#### 2nd Executive Member's details

Surname or Company name \_\_\_\_\_

Title / First Name / Initials or  
Australian Company Number (ACN) \_\_\_\_\_

If a company Name of contact person \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ State/Territory \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number (business hours) \_\_\_\_\_

Fax number \_\_\_\_\_

Email \_\_\_\_\_

#### 2nd Executive Member's Signature

Signature \_\_\_\_\_