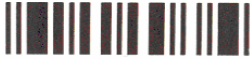


Dealing Number



OFFICE USE ONLY

Privacy Statement

Collection of information from this form is authorised by legislation and is used to maintain publicly searchable records. For more information see the Department's website

1. Lessor

Lodger (Name, address, E-mail & phone number)

Lodger Code

2. Lot on Plan Description

Title Reference

3. Lessee

Given names

Surname/Company name and number

(include tenancy if more than one)

4. Interest being leased

5. Description of premises being leased

6. Term of lease

7. Rental/Consideration

Commencement date/event: / /

Expiry date: / / and/or Event:

#Options:

#Insert nil if no option or insert option period (eg 3 years or 2 x 3 years)

8. Grant/Execution

The Lessor leases the premises described in item 5 to the Lessee for the term stated in item 6 subject to the covenants and conditions contained in:- *the attached schedule; *the attached schedule and document no.;

* document no.; *Option in registered Lease no.has not been exercised.

* delete if not applicable

Witnessing officer must be aware of his/her obligations under section 162 of the Land Title Act 1994

.....signature

.....full name

.....qualification

/ /

Witnessing Officer

Execution Date

Lessor's Signature

(Witnessing officer must be in accordance with Schedule 1 of Land Title Act 1994 eg Legal Practitioner, JP, C Dec)

9. Acceptance

The Lessee accepts the lease and acknowledges the amount payable or other considerations for the lease.

.....signature

.....full name

.....qualification

/ /

Witnessing Officer

Execution Date

Lessee's Signature

(Witnessing officer must be in accordance with Schedule 1 of Land Title Act 1994 eg Legal Practitioner, JP, C Dec)

Title Reference []