

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, addre	ss, 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 or				
4.	Interest being leased				
5.	Description of premises being	leased			
6.	Term of lease Commencement date/event: / /				
	#Options: #Insert nil if no option or insert option period	d/or Event: od (eg 3 years or 2 x 3 ye	ars)		
	Grant/Execution Lessor leases the premises described tained in:-	in item 5 to the Lessee	e for the term stated in item	6 subject to the covenants	and conditions
* se	elect applicable from menu Witnessing officer must be	aware of his/her obli	gations under section 16	2 of the Land Title Act 199	94
		signature			
		full name			
Wit (Wi	nessing Officer tnessing officer must be in accordance	with Schedule 1	/ / Execution Date	Les	sor's Signatur
9.	and Title Act 1994 eg Legal Practitione Acceptance	ir, JP, C Dec)			
	Lessee accepts the lease and acknow	ledges the amount pay	able or other consideration	s for the lease.	
		signature			
		•			
Wit (Wi	nessing Officer tnessing officer must be in accordance and Title Act 1994 eg Legal Practitione	with Schedule 1	Execution Date		see's Signatur