

**Application for
Certificate by the Minister
administering the Crown Lands Acts and
REMOVAL OF RESTRICTIONS
New South Wales
Crown Lands (Continued Tenures) Act 1989
Western Lands Act 1901**

Leave this space clear. Affix additional pages to the top left-hand corner.

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) LAND	Torrens Title	Holding Reference and (if applicable) Description of Land	Area
(B) LODGED BY	Document Collection Box	Name, Address or DX, Telephone, and Customer Account Number if any Reference: _____	CODE KR

(C) STATUTORY DECLARATION* I,

being the registered proprietor of the above folio of the Register apply for a certificate by the Minister administering the Crown Lands Acts that the land may be transferred without consent. In support of this application I solemnly and sincerely declare that—

1. a dwelling has been erected on the land;
2. the condition requiring the erection of a dwelling has been deemed complied with or waived;
3. there are no special conditions relating to improvements applying to the land [*Irrigation Area land only*];
4. special conditions relating to improvements have been complied with [*Irrigation Area land only*];
5. the land is being used for the purpose for which the lease was granted and conditions relating to improvements have been complied with [*Western Lands Leases only*].

Made and subscribed at _____ in the _____ on _____
in the presence of _____ of _____,
 Justice of the Peace (J.P. Number: _____) Practising Solicitor
 Other qualified witness [*specify*] _____,

** who certifies the following matters concerning the making of this statutory declaration by the person who made it:
1. I saw the face of the person *OR* I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering; and
2. I have known the person for at least 12 months *OR* I have confirmed the person's identity using an identification document and the document I relied on was a _____ [*Omit ID No.*]

Signature of witness: _____ Signature of applicant: _____
* *As the services of a qualified witness cannot be provided at lodgment, the declaration should be signed and witnessed prior to lodgment. ** If made outside NSW, cross out the witness certification. If made in NSW, cross out the text which does not apply.*

(D) OFFICE USE ONLY

Received by me together with the sum of \$ _____ for which receipt No. _____ has been issued.
For Regional Director:— Signature: _____ Full Name: _____

CERTIFICATE

Certificate by the Minister administering the Crown Lands Acts under Clauses 8(2) or 10 of Part 1 of Schedule 3, or Clause 6 of Part 2 of Schedule 3 to the Crown Lands (Continued Tenures) Act 1989, or section 18G(1E) of the Western Lands Act 1901.

I certify that the land contained in the above _____ folio(s) of the Register may be transferred or otherwise dealt with without the consent of the Minister administering the Crown Lands Acts and direct the cancellation of the notifications in the Register relating to the following restrictions:

Dated: _____ For the Minister administering the Crown Lands Acts:— Signature: _____
Full name: _____