

TRANSFER BY A JOINT TENANT

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

New South Wales

Section 97 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.

STAMP DUTY

Insert Duties Assessment No. as issued by Revenue NSW Office. Duties Assessment No.
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(A) **TORRENS TITLE**

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(B) **LODGED BY**

Document Collection Box	Name, Address, Telephone, and Customer Account Number if any	CODE JJ
	Email: Reference:	

(C) **TRANSFEROR**

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(D) **CONSIDERATION** The transferor acknowledges receipt of the consideration of \$ _____ and transfers to the transferee by the way of severance of joint tenancy all the transferors's estate or interest in the abovementioned land.

(E) Encumbrances (if applicable):

(F) **TRANSFeree**

TENANCY:

DATE

(H)

(I) The _____ certifies that the eNOS data relevant to this dealing has been submitted and stored under eNOS ID No. [] Full name: _____ Signature: _____

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

(J) **STATUTORY DECLARATION BY THE TRANSFEROR ***

I,
solemnly and sincerely declare that to the best of my knowledge and belief—

1. I am not subject to any legal constraint which would prevent me severing the joint tenancy;
2. The remaining joint tenant(s) is alive;
3. I do not hold the estate in a fiduciary capacity;
4. The full name and street address of each of the other joint tenants is shown below:

I certify this dealing to be correct for the purposes of the Real Property Act 1900.

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