

**EXTINGUISHMENT OF
BUILDING MANAGEMENT STATEMENT**



Dealing Number

OFFICE USE ONLY

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

**Lodger
Code**

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. Dealing number of instrument/document being extinguished

**2. Lot on Plan Description
of affected land**

Title Reference

3. Registered Owners/State Lessees

4. Execution

The Registered Owners/State Lessees identified in item 3 agree to the extinguishment of the building management statement in item 1.

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

..... signature

..... full name

..... qualification

Witnessing Officer

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

..... / /
Execution Date

.....
**Registered Owner's/
State Lessee's Signature**

..... signature

..... full name

..... qualification

Witnessing Officer

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

..... / /
Execution Date

.....
**Registered Owner's/
State Lessee's Signature**