

APPLICATION FOR CONSENT TO MORTGAGE

Pursuant to Section 36 of the Crown Land Management Act (2009)

| For Office Use Only | | | Ć40F.00 |
|---------------------|---------------|---|----------|
| | AMOUNT DUE | | \$495.00 |
| APPLICATION NO. | | | |
| RECEIPT NO. | DATE RECEIVED | / | / |

GENERAL INFORMATION

- 1. This form is to be used to apply for consent to mortgage. For further information contact your local DEW office.
- 2. This form does not apply to pastoral leases managed under the *Pastoral Land Management and Conservation Act (1989)*. For further information please refer to: https://pir.sa.gov.au/primary_industry/pastoral_leases_in_sa/pastoral_unit
- 3. It is highly recommended that you seek the assistance of a registered conveyancer or legal practitioner to complete your application.
- 4. A perpetual lease may be mortgaged without the consent of the Minister, unless the Minister holds first mortgage over that lease.
- 5. Please use 'BLOCK' letters if you are filling this form in by hand.
- 6 This form must be signed personally by the applicant(s).
- 7. For information about how to obtain land details see: http://www.sa.gov.au/topics/housing-property-and-land/property-and-place-information/researching-a-property
- 8. Payment Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. You will be contacted by phone for credit card payments by MasterCard or Visa.

LAND DETAILS

| SECTION/ALLOTMENT | PLAN | HUNDRED |
|--|------------|--------------|
| TITLE REFERENCE CL | VOLUME NO. | FOLIO NO. |
| CROWN LANDS TENEMENT ID (LEASE NUMBER) | | LEASE TENURE |

LODGED ON BEHALF OF APPLICANTS

| Complete this section if you are lodging the application on behalf of another party and wish to remain as the contact person for this transaction. | | |
|--|-------|--|
| FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | | |
| LEGAL/BUSINESS NAME (IF APPLICABLE) | | |
| PHONE AND/OR MOBILE | EMAIL | |

APPLICANTS DETAILS

| If there are further applicants, please complete and submit Annexure A with this form. | | | | |
|--|-----|---------------|--|--|
| CURRENT LANDHOLDER (LESSEE) | | | | |
| FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | | DATE OF BIRTH | | |
| LEGAL/BUSINESS NAME (IF APPLICABLE) | | | | |
| ABN | ACN | | | |
| STREET ADDRESS | | | | |

| POSTAL ADDRESS | | | | | |
|---|----------------------------------|----------|--|--|--|
| TOWN/SUBURB | STATE | POSTCODE | | | |
| PHONE AND/OR MOBILE | EMAIL | | | | |
| MORTGAGEE (eg. bank) | | | | | |
| FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | | | | | |
| LEGAL/BUSINESS NAME (IF APPLICABLE) | | | | | |
| ABN | ACN | | | | |
| POSTAL ADDRESS | | | | | |
| STREET ADDRESS | | | | | |
| TOWN/SUBURB | STATE | POSTCODE | | | |
| PHONE AND/OR MOBILE | EMAIL | | | | |
| ACKNOWLEDGEMENT | | | | | |
| MORTGAGOR/LESSEE I/We accept liability for any amount owing to the Department for Environment and Water in respect to the subject land. I/We declare the particulars supplied on this application form to be true and correct. | | | | | |
| SIGNATURE OF MORTGAGOR/LESSEE | SNATURE OF MORTGAGOR/LESSEE DATE | | | | |
| MORTGAGOR/LESSEE NAME (PRINT) | | | | | |
| LODGEMENT INFORMATION | | | | | |
| Please return the completed form to the Crown Lands Program Office: | | | | | |
| GPO Box 1047 | | | | | |
| Adelaide SA 5001 | | | | | |
| Phone: (08) 8429 7680 | | | | | |
| DEW.CrownLands@sa.gov.au | | | | | |
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