

Minister's consent to mortgage a Crown land lease

Depending on the conditions of the lease and notifications on the Land Title Register, you may need consent from the minister administering the *Crown Land Management Act (2016)* to mortgage a Crown land lease. Use this form to seek the required consent.

In completing the form, the following terms of reference are used:

- 'Lessee' refers to the current holder or tenant seeking the minister's consent to mortgage the Crown land lease
- 'Mortgagee' refers to the entity providing the mortgage to the lessee
- 'Department' refers to the Department of Planning, Industry and Environment.

For additional information on the minister's consent to mortgage, refer to Guideline— Management of Crown land leases, www.industry.nsw.gov.au/__data/assets/pdf_file/0007/284389/Guideline-Leasing-Crown-Land.pdf

Lodgement

Mail your application and payment to:

NSW Department of Planning, Industry and Environment—Crown Land
PO Box 2155
DANGAR NSW 2309

Include fee payment (cheque or money order) payable to the Department of Planning, Industry and Environment—Crown Land

Fee

There is a non-refundable fee of \$308.00 towards processing costs.

More information

Phone: 1300 886 235
Email: leasing@crownland.nsw.gov.au
Web: www.industry.nsw.gov.au/lands

Details of the lessee

For a business entity

☐ Tick if applicant is a **business entity**. If so, please complete section below.

Entity name	
ABN/ACN	
Address	
Contact name and role	
Email address	
Telephone	
Mobile	

For individuals or sole traders

☐ Tick if lessee is an **individual or sole trader**. If so, please complete section below.

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Given name	
Family name	
Home address	
Postal address	
Email address	
Telephone	
Mobile	

Details of the authorised representative (if applicable)

☐ I authorise the following external representative to act on my behalf in managing my application (for example, if you have instructed a solicitor to act for you)

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Given name	
Family name	
Entity name	
Relationship to applicant	
Email address	
Telephone	
Mobile	

Details of the mortgagee

Entity name	
ABN/ACN	
Address	
Purpose of mortgage Confirm the mortgage is required to fund business operations in relation to the leased premises and explain how funds will be spent	

☐ Tick to indicate the mortgagee is a registered financial institution under the *Banking Act 1959*, www.apra.gov.au/register-authorised-deposit-taking-institutions. If not, please provide a description of the mortgagee:

--

Lease to be mortgaged

Crown lease number	
Lot/DP	
Registered lease	

Application requirements

Please check each box to confirm you have included the documents to support the application.

- ☐ Certified copy of the proposed mortgage
- ☐ Any ancillary agreements connected to the proposed mortgage
- ☐ Certified copy of registered power of attorney where applicable
- ☐ If mortgagee is not a registered financial institution under the *Banking Act 1959*, provide current ASIC search with details of the directors
- ☐ Evidence of the agreement of any current mortgagee(s) and/or advice regarding discharge or otherwise of any current mortgage(s)
- ☐ Prescribed fee detailed on page 1 of this form.

Declaration of applicant (to be signed by each holder)

I declare:

- I am 18 years of age or over and am the current holder(s) of the Crown land lease
- I am able to meet the financial obligations of the lease and proposed mortgage payments
- I have accurately completed the application including details about the proposed mortgagee
- I am liable to pay any additional costs associated with assessing this application, where the department will notify me of the additional costs before proceeding.

Name	Position held (if applicable)	Signature	Date

Declaration of witness

This declaration was made before me at	
This	day of 20
Name	
Address	
Signature	
Date	

Office use only—refer to receipting and referrals codes document						
<input type="checkbox"/> DO	Referral code	Do	Receipting code	TEN/MC/TFER	CM9	
Fee paid			Receipt number		Account number	
Date						

Information from this form is collected for the purpose of assessing your application. The supply of this information is voluntary. Your information will be stored and managed in accordance with the provisions contained under the *Privacy and Personal Information Protection Act 1998* and the *State Records Act 1998*. It will not be used for any other purpose and will not be given to any other third party except where required by law.