

Western Lands: Instrument of surrender

This form is used to apply to surrender a Western Lands lease under the Crown Land Management Act 2016.

Important information

Only a lease holder can apply to surrender a Western Lands lease.

Fee

\$434.00 - For further information, refer to the NSW Department of Planning, Housing & Infrastructure — Crown Lands website

Contact us

For more information, please contact us at:

NSW Department of Planning, Housing & Infrastructure—Crown Lands PO Box 2155

DANGAR NSW 2309 Phone: 1300 886 235

Email: cl.western.region@crownland.nsw.gov.au

Web: www.crownlands.nsw.gov.au

Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1989. It is being collected by NSW Department of Planning, Housing & Infrastructure and will be used for purposes related to this application. NSW Department of Planning, Housing & Infrastructure will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Planning, Housing & Infrastructure website at www.dpie.nsw.gov.au/privacy



Work telephone

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Application type Applicant is ☐ Business / Company ☐ Individual(s) **Business / company information** Please only complete if applicant is a business / company **Business / Company Name** ABN/ACN **Contact person Email address** Locality/Street address Postal address **Contact telephone** If applicant is a business / company a company seal is to be included with this application if available. Individual one Please only complete if applicant is an individual **Salutation** ☐ Ms ☐ Miss ☐ Dr ☐ Other: ☐ Mr ☐ Mrs **First Name** Surname **Date of Birth Home address** Postal address **Email address**



Home telephone	
Mobile telephone	
Individual 2	
Please only complete if	f there is more than one individual applicant
Salutation	☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other:
First Name	
Surname	
Date of Birth	
Home address	
Postal address	
Email address	
Work telephone	
Home telephone	
Mobile telephone	
surrender the lease inc of the CLM Act.	e under the Crown Land Management Act 2016 (the CLM Act) of the land described below, I cluding any unexpired residue into the hands of the Crown as Crown lands pursuant to section 4.3
Description of land	
All that piece or par comprising	rcel of land
In the parish of	County of
Administrative dist	rict of
Lease held from the	e Crown Land as part whole



Western Lands lease	number			
Signature of registere	ed lessee			
Vitness				
nis instrument of surrend	ler was signed by th	e above named in my p	resence	
Made before me at			this	
day of		20		
First Name		Surname		
Residential address				'
Home		Mobile		
Email				
Qualification				
The declaration must be Act 1900. If the declara				ied in Section 21 of the Oaths
rown Lands				
SIGNED in my presenc	e on behalf of the H	lonourable Minister for L	ands & Property by;	
who is personally know	n to me			
Witness				
ACCEPTED for and on	behalf of the Crown	n;		
Made before me at		this		



day of	20	
Signed	For the Min	ister for Lands & Property

Mortgagee consent

I hereby consent to the	y consent to the part/whole surrender of Western lands Lease			
Name of mortgagee				
Mortgage number				
Signature of mortgagee				
Name and Title of person signing on behalf of the Mortgagee				
day of	20			

Lodgement

- Mail: NSW Department of Planning, Housing & Infrastructure—Crown Lands, PO Box 2155, DANGAR NSW 2309
- Email: cl.western.region@crownland.nsw.gov.au
- Include fee payment Cheque or Money Order payable to the Department of Planning, Housing & Infrastructure— Crown Land or alternatively the fee can be raised and issued after receipt of the application

Office use only – Refer to the Receipting and Referrals Codes Document							
	Referral Code	R	Receipting Code			TRIM	
Fee Paid		Receipt Number		Acc		nt number	
Date			·				