

WESTERN AUSTRALIA  
 LAND ADMINISTRATION ACT 1997  
 TRANSFER OF LAND ACT 1893 as amended

## DISCHARGE OF COVENANT (AE)

COVENANT  
 NUMBER  
 (NOTE 1)

DESCRIPTION OF LAND (NOTE 2)

EXTENT

VOLUME

FOLIO

COVENANT NUMBER (NOTE 1)	DESCRIPTION OF LAND (NOTE 2)	EXTENT	VOLUME	FOLIO

COVENANTEE (NOTE 3)

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**THE COVENANTEE, IN ACCORDANCE WITH SECTION 15(13)(b) OF THE LAND ADMINISTRATION ACT 1997, AS AMENDED, HEREBY DISCHARGES THE ABOVE COVENANT IN RESPECT OF THE LAND DESCRIBED ABOVE.**

Dated this

day of

in the year

ATTESTATION (NOTE 4)

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**INSTRUCTIONS**

1. If insufficient space in any section, Additional Sheet Form B1 should be used with appropriate headings. The boxed sections should only contain the words "See Annexure".
2. Additional Sheets shall be numbered consecutively and bound to this document by staples along the left margin prior to execution by parties.
3. No alteration should be made by erasure. The words rejected should be scored through and those substituted typed or written above them, the alteration being initialled by the person signing this document and their witnesses.

**NOTES**

- 1. COVENANT DISCHARGED**  
State number of Covenant.
- 2. DESCRIPTION OF LAND**  
Lot and Diagram/Plan number or Location name and number to be stated.  
Extent – Whole, part or balance of the land comprised in the Certificate of Title/Certificate of Crown Land Title to be stated.  
The Certificate of Title/Certificate of Crown Land Title Volume and Folio number to be stated.
- 3. COVENANTEE**  
State full name of Covenantee (Minister for Lands, State instrumentality, local government or such other person as is prescribed pursuant to section 15(6)(a)(ii) of the Land Administration Act 1997 as amended) preparing and lodging this document.
- 4. ATTESTATION BY COVENANTEE**  
A separate attestation is required for every person signing this document. If the Covenantee is a local government, State instrumentality or prescribed person, it is to be attested in the manner prescribed by the Local Government Act, or as prescribed for the State instrumentality or prescribed person, as the case may be. In the case of a natural person, an Adult person should separately witness each signature. The address and occupation of the witness must be stated.

EXAMINED

Office Use Only

**DISCHARGE OF COVENANT (AE)**

LODGED BY

ADDRESS

PHONE No.

FAX No.

REFERENCE No.

ISSUING BOX No.

PREPARED BY

ADDRESS

PHONE No.

FAX No.

INSTRUCT IF ANY DOCUMENTS ARE TO ISSUE TO OTHER THAN LODGING PARTY

TITLES, LEASES, DECLARATIONS ETC LODGED HEREWITH

1. \_\_\_\_\_ Received Items
2. \_\_\_\_\_ Nos.
3. \_\_\_\_\_
4. \_\_\_\_\_ Receiving Clerk
5. \_\_\_\_\_
6. \_\_\_\_\_

Registered pursuant to the provisions of the TRANSFER OF LAND ACT 1893 as amended on the day and time shown above and particulars entered in the Register.