

INSTRUCTIONS

1. Page 2 of this document may be used:
 - 1.1. If insufficient space in any section hereon; Appropriate headings should be shown. The boxed sections should only contain the words "see page...."
 - 1.2. To set forth Easements created as appurtenant to the land (commencing with the words "together with"). Reservations created encumbering the land (commencing with the words "reserving to") or any Restrictive Covenant hereby created. Any Sketch contained thereon must be initialled by all parties.
2. If further space is required Additional Sheet form B1 should be used with appropriate headings. Additional Sheets shall be numbered consecutively and bound to this document by staples along the left margin prior to execution by the 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 persons signing this document and their witnesses.
4. Duplicate Crown Lease or where issued, the Duplicate Certificate of Title is required to be produced or if held by another party then arrangements must be made for its production. *If a Duplicate Certificate of Title is not required to be re-issued, or if a Duplicate Certificate of Title has not been issued previously but is required to issue subsequent to this document, the written request of the Transferee is required by signing this panel. Written consent of the First Mortgagee is also required if applicable*

NOTES

1. **DESCRIPTION OF LAND**
Lot and Diagram/Plan/Strata/Survey-Strata Plan number or Location name and number to be stated.
Extent - Whole, part or balance of the land comprised in the Certificate of Title to be stated.
The Volume and Folio or Crown Lease number to be stated.
2. **ESTATE AND INTEREST**
State whether Fee Simple, Leasehold or as the case may be in the land being transferred. If share only, specify.
3. **TRANSFEROR**
State full name of the Transferor/Transferors (Registered Proprietor) as shown on the Certificate of Title or Crown Lease.
4. **CONSIDERATION**
If a sum of money only, to be expressed in figures and in every other case to be concisely stated in words.
5. **TRANSFeree**
State full name of the Transferee/Transferees (Purchaser) and the address/addresses to which future notices can be sent. If a minor, state date of birth. If two or more state tenancy eg:
 - Joint Tenants, (on the death of a joint tenant, the survivor(s) become(s) the registered proprietor(s) of the deceased's interest by applying to the Registrar of Titles).
 - Tenants in Common, (on the death of a tenant in common, their share is dealt with according to their will). If Tenants in Common specify shares.
6. **EXECUTION OF VERIFICATION OF IDENTITY AND AUTHORITY TO DEAL STATEMENT**
This Statement is requested under the Western Australian Registrar and Commissioner of Titles Joint Practice: Verification of Identity. The responsible Licensed Settlement Agent/Lawyer is to complete and sign the Statement. Refer to the Chapter 14.4 of the Land Titles Registration Practice Manual.
7. **TRANSFeree'S TRANSFEROR'S EXECUTION**
Transferees and Transferors must sign their appropriate panel. A separate attestation is required for every person signing this document. Each signature should be separately witnessed by an adult person. The full name, address and occupation of the witness must be stated.



EXAMINED

OFFICE USE ONLY

M705134 T

15 Jul 2014 09:00:32 Perth



REG \$ 210.00

TRANSFER

LODGED BY

ADDRESS

SAI GLOBAL Property
PO BOX Z5488 PERTH
ST GEORGES TCE WA 6831
DLI BOX 151B

PHONE No.

Tel: (08) 9214 6000 Fax: (08) 9226 2778

FAX No

REFERENCE No.

ISSUING BOX No.

SSR 40080615

PREPARED BY

Ferris Conveyancing

ADDRESS

2014/0121
PO Box 1261
CANNINGVALE DC 6970

PHONE No.

0400918257

FAX No.

9458 0636

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

2/3 [Signature]

TITLES, LEASES, DECLARATIONS ETC LODGED HEREWITHIN

1.	<u>Deed Cert</u>
2.	/
3.	/
4.	/
5.	/
6.	/

Received Item No.s

Receiving Clerk [Signature]

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.



ATTESTATION SHEET

Dated this 11th day of July Year 2014

TRANSFEROR/S SIGN HERE (Note 7)

Signed by
Louisa Rosetta Mazzullo [Signature]

In the presence of:
Witness sign: X [Signature]

Witness print Full Name: X Deborah Anne Perrie

Witness Address: X HYWOOD'S PHARMACY

Witness occupation: X 1/21 WANNEROO ROAD Pharmacist
JOONDANNA WA 6060

Witness phone (B/H): X Ph: 9444 1584 Fax: 9242 2938

REQUEST FOR ISSUE/ NON-ISSUE (Instruction 4)

BY SIGNING PANEL, I / WE THE TRANSFEREE REQUEST THE ISSUE / NON - ISSUE (DELETE AS REQUIRED) OF A DUPLICATE CERTIFICATE(S) OF TITLE FOR THE LAND ABOVE DESCRIBED.

Signed _____ Signed _____

TRANSFEREE/S SIGN HERE (Note 7)

THE LODGING PARTY OF THIS DOCUMENT IS AUTHORISED BY THE ABOVE NAMED TRANSFEREE TO INSTRUCT ISSUING DETAILS FOR THE DUPLICATE CERTIFICATE(S) OF TITLE.

Signed by
Manishkumar Dipakbhai Gandhi M.D. Gandhi

In the presence of:
Witness sign: [Signature]

Witness print Full Name:
Witness Address:
Witness occupation: DEBRA LEANNE FERRIS
16 RUSHMORE AVE
CANNING VALE WA 6155
Witness phone (B/H): LICENSED SETTLEMENT AGENT
Ph: 0400 918 257

THE TRANSFEROR for the consideration herein expressed transfers to the TRANSFEREE the estate and interest herein specified in the land herein described, subject to the Limitations, Interests, Encumbrances and Notifications as shown on the Certificate of Title and/or otherwise affect the land under the *Transfer of Land Act 1893*. (Instruction 1 & 2)

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LICENSED SETTLEMENT AGENT/ LAWYER SIGN AND COMPLETE THIS STATEMENT (Note 6)

**Western Australian Registrar and Commissioner of Titles Joint Practice: Verification of Identity
Transferor's Statement**

I Kim ARLEEN TREWIN
(Insert full name of Settlement Agent/Lawyer)

act for the Transferor /s named in this Transfer.

I have taken all reasonable steps to verify the identity of the natural person/s being the Transferor/s, or the natural person/s who sign/s on behalf of the Transferor/s.

I reasonably believe that those natural person/s have been identified.

I reasonably believe that those natural person/s have the authority to deal with the interest in land the subject of this Transfer.

Signed: [Signature]

Kim ARLEEN TREWIN
Print Full Name of Settlement Agent/ Lawyer who signs the Statement

Position held LICENSEE

TREWIN TITLE TRANSFERS
Business/ Company name of Settlement Agent/ Lawyer who signs the Statement

Contact email address kim@titletransfers.com.au

FORM T2A
B8567

WESTERN AUSTRALIA
TRANSFER OF LAND ACT 1893

TRANSFER OF LAND

DESCRIPTION OF LAND (Note 1)	EXTENT	VOLUME	FOLIO
LOT 8 ON STRATA PLAN 11485	WHOLE	1900	212 ✓

ESTATE AND INTEREST (Note 2)
FEE SIMPLE

TRANSFEROR (Note 3)
LOUISA ROSETTA MAZZULLO ✓

CONSIDERATION (Note 4)
\$263,000.00

TRANSFeree (Note 5)
MANISHKUMAR DIPAKBHAI GANDHI OF 8/155 EDWARD STREET OSBORNE PARK





Certificate of Duty

Transfer - (First Home Owner Rate)

Under Taxation Administration Act 2003 (WA), Section 49

Certificate Number:	1024163575	Certificate Issue Date:	11-07-2014
Bundle ID	141490145	Client Reference:	2014/121
Transaction Date:	21-05-2014		
Dutiable Value:	\$ 263,000.00		
Duty:	\$ 0.00		
Penalty Tax:	\$ 0.00		

No Double Duty

Land:	Lot 8, Strata 11485	Volume/Folio:	1900/212
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Seller(s) / Transferor(s): MAZZULLO, LOUISA ROSETTA
Buyer(s) / Transferee(s): GANDHI, MANISHKUMAR DIPAKBHAI

Related Certificate Summary

Certificate Number	Certificate Date	Transaction Date	Bundle ID	Dutiable Value	Duty
1024163567	11-07-2014	21-05-2014	141490145	\$ 263,000.00	\$ 0.00