



NLA - SYSAID II

Application Number _____
(CadMap Parcel No.)

I understand that the regularisation of this Application depends upon the completeness and accuracy of the information in this Form and that the intentional provision of any false or misleading information or the wilful omission of any material facts shall make me liable to prosecution pursuant to the Registration of Titles Cadastral Mapping and Tenure Clarification (Special Provisions) Act.

GENERAL EXECUTION

Signed By:

Darlyn Goyle

W Goyle
Signature

Date: (dd/mm/yyyy)

26/1/2023

In the presence of:

[Signature]

Signature of Authorized Officer

Date: (dd/mm/yyyy)

26/1/2023

*The Signee appeared to be of sound mind and voluntarily signed this Form.

MARKSMAN CLAUSE

Signed By:

Signature

Date: (dd/mm/yyyy)

After the same was read over and explained to him/her and who expressed themselves as understanding the nature and effects of the contents.

In the presence of:

Signature of Authorized Officer

Date: (dd/mm/yyyy)

*The Signee appeared to be of sound mind and voluntarily signed this Form.

Date of Completion: (dd/mm/yyyy)

Comments:

