Form A: Application to withhold information under the Land Transfer Act 2017

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| Application to withhold information  under section 42(1) of the Land Transfer Act 2017 | | | | | | | | | |
| To: | The Registrar-General of Land at [hiddentitles@linz.govt.nz](mailto:hiddentitles@linz.govt.nz) | | | | | | | | |
|  | | | | | | | | | |
| Applicant details | | | | | | | | | |
| First or given names | | | | |  | Surname | | | |
|  | | | | |  |  | | | |
| Email | | | | |  | Phone number | | | |
|  | | | | |  |  | | | |
| Physical street address | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Complete only the sections that apply (A, B and/or C) and in as much detail as known | | | | | | | | | |
| 1. Complete this section if you are applying to withhold the details of the property where you normally reside, or will reside (e.g. if you are buying a new home) | | | | | | | | | |
| Physical street address | | | | | | | | | |
|  | | | | | | | | | |
| Full name of registered owner | | | | | | | | | |
|  | | | | | | | | | |
| Record of Title and/or legal description | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| 1. Complete this section if you are applying to withhold the details of a property where you do not normally reside (e.g. a rental property you own, a holiday home or place of business) | | | | | | | | | |
| Physical street address | | | | | | | | | |
|  | | | | | | | | | |
| Full name of registered owner | | | | | | | | | |
|  | | | | | | | | | |
| Record of Title and/or legal description | | | | | | | | | |
|  | | | | | | | | | |
| Type of property (e.g. rental property, holiday home, place of business, etc.) | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| 1. Complete this section if you applying to withhold the details of an instrument | | | | | | | | | |
| Instrument type and unique identifier (e.g. Caveat 1234567.1) | | | | | | | | | |
|  | | | | | | | | | |
| Full name of registered owner | | | | | | | | | |
|  | | | | | | | | | |
| Record of Title | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Tick the documents that accompany this application | | | | | | | | | |
| 1. This document MUST accompany the application: | | | | | | | | | |
| * A statutory declaration by the Applicant (required) – see Form B: Statutory declaration by the Applicant | | | | | | | |  | |
| 1. One of these forms of evidence MUST accompany the application: | | | | | | | | | |
| * A restraining order that is in force under the [Harassment Act 1997](http://www.legislation.govt.nz/act/public/2017/0030/latest/link.aspx?search=ts_act%40bill%40regulation%40deemedreg_land+transfer_resel_25_a&p=1&id=DLM417077#DLM417077), or | | | | | | | |  | |
| * A non-contact order under the Victims’ Orders Against Violent Offenders Act 2014, or | | | | | | | |  | |
| * A statutory declaration by a constable *(if the Applicant made a complaint to the police)* – see Form C: Statutory declaration by a constable, or | | | | | | | |  | |
| * A statutory declaration by the Applicant’s employer *(if the prejudice arises from the Applicant’s employment)* – see Form D: Statutory declaration by the Applicant’s employer, or | | | | | | | |  | |
| * Other relevant evidence: | | | | | | | |  | |
|  | | Please specify | | | | |  |  | |
| 1. Where applicable, we recommend this document accompany the application: | | | | | | | | | |
| * Consent from the co-owners/owners of the property where the Applicant resides – see Form F: Consent form | | | | | | | |  | |
|  | | | | | | | | | |
| The Applicant applies to the Registrar under section 42(1) of the Land Transfer Act 2017 for a withholding period for the above identifying information to be withheld. | | | | | | | | | |
| Dated DD MM YYYY | | | | | | | | | |
|  | | | Signed in my presence by the Applicant | | | | | | |
|  | | |  |  | | | | |  |
|  | | | *Signature of witness* | | | | | | |
|  | | | *Witness to complete in BLOCK letters (unless legibly printed)* | | | | | | |
|  | | | Witness name: | | | | | | |
|  | | | Occupation: | | | | | | |
|  | | | Address: | | | | | | |
| Signature of Applicant | | |  | | | | | | |