|  |  |  |
| --- | --- | --- |
| ACD | Form 73a | Ver 1 |

This form may take you 10 minutes to fill in.

# THE LAND TITLES ACT

|  |
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|  |

(For Official use only)

**APPLICATION TO CORRECT DATA**

1. **DESCRIPTION OF LAND**

If title document is a lease, please cancel the Vol & Fol No and simply state the Lease No.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*CT/SSCT/SCT | | MK | TS | Lot No | Property Address |
| Vol | Fol |  |  |  |  |
|  |  |  |  |  |  |

###### **Registered Instrument**

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Instrument |  | Deed | |
|  |  | Vol | No |
| Registered No. | I/ |  |  |

1. **APPLICANT ( to state correct Name/ID Number/Address/Citizenship status)**

|  |  |
| --- | --- |
| ID / Co regn no |  |
| Name |  |
| Citizenship status |  |
| Address  (within Singapore for service of notices) |  |

1. as \*the registered proprietor/ one of the registered proprietors of the land above

described HEREBY APPLIES to the Registrar of Titles to have the abovementioned Certificate of Title/ Instrument updated accordingly because my true and correct \*Name/Identity Card Number/Address/ Citizenship Status has been inadvertently typed in the Instrument No. \_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_ due to a \_\_\_\_\_\_\_\_\_\_\_\_.

*\** *Please delete what is not applicable.*

\* \* *Only the following data can be corrected vide this Application: Proprietor’s /Party’s Name, ID Number, Address and Citizenship Status.*

**DATE OF APPLICATION:**

**(D)**

**EXECUTION BY APPLICANT**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**CERTIFICATE OF CORRECTNESS**

I, the solicitor for the Applicant hereby certify that this instrument is correct for the purposes of the Land Titles Act and that I hold a practising certificate which is in force as at the date of the instrument.

Name of Solicitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



## FOR OFFICE USE ONLY

REGISTERED ON

Initials of

Signing Officer : for REGISTRAR OF TITLES

Received on \_\_\_\_\_\_\_\_\_\_\_\_ STARS CT/SSCT NE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regn O/C Clerk’s Name & Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Del O/C Name of Law firm

Note : - This portion shall be printed or typed on the reverse side of the last page of the

instrument.