

**CERTIFICATE OF CONSENT FOR THE DEPOSIT OF A PLAN OF COMMUNITY DIVISION**

**CONSENTING PARTY** (Full Name and Address)

**NATURE OF ESTATE OR INTEREST HELD**

**STATEMENT OF EFFECT ON ESTATES OR INTERESTS OF CONSENTING PARTIES**

ESTATE / INTEREST AFFECTED	EFFECT ON ESTATE OR INTEREST HELD OR CLAIMED	CONSIDERATION / VALUE
	<p>*Adjusted to cover the parcels as set out on the accompanying plan / Mode of Issue</p> <p>*Extinguishment*/Variation*/Creation* of easements as set out on the accompanying plan</p> <p>**</p>	

\*strike through the inapplicable

\*\* insert relevant effect on estate or interest

I/We the consenting party

- (1) certify my/our consent to the deposit of the accompanying plan of community division in the Lands Titles Registration Office and for the accompanying schedule of lot entitlements to be annexed to the plan.
- (2) acknowledge that the deposit of the plan will affect my/our estate or interest to the extent set out in the above Statement of Effect panel.

**EXECUTION BY CONSENTING PARTY**

DATED .....

.....  
Signature of CONSENTING PARTY

.....  
Signature of WITNESS - Signed in my presence by the CONSENTING PARTY who is either personally known to me or has satisfied me as to his or her identity. A penalty of up to \$5000 or 1 year imprisonment applies for improper witnessing.

.....  
Print Full name of Witness (BLOCK LETTERS)

.....  
Address of Witness

.....  
Business Hours Telephone No .....