

P O BOX 6
MARTINBOROUGH 5741
TELEPHONE: (06) 306 9611
FACSIMILE: (06) 306 9373
EMAIL: enquiries@swdc.govt.nz



For Office Use only:

Application No: _____

Date Fee Paid: _____

Date Due Out: _____

If calling ask for: Sheryl

19 KITCHENER STREET
MARTINBOROUGH 5711

LAND INFORMATION MEMORANDUM APPLICATION FORM

Property Details

Address of Property: _____

Valuation Number: _____

Legal Description: _____

Applicant Details

Name: _____

Address: _____
_____ Postcode _____

Phone: _____

Email: _____

Other Instructions: _____

Application Fee:

\$155.00 (per certificate of title) Allow 10 working days to process (from receipt of payment)

\$310.00 (per certificate of title) Allow 5 workings days to process (from receipt of payment)

This may be paid by Direct Credit to the following account: BNZ Martinborough 02-0680-0027337-00
Please quote LIM and your surname as reference.

Please indicate by ticking a box as to how payment is being made:

Direct Credit Cheque Cash/Eftpos