

Isle of Man Land Registry
Application to Reclassify a Registered Title
Rule 38

Form 22

FOR REGISTRY USE ONLY
Application Number

Note: This form must be accompanied by Form 100.

1. Title Number	
Registered Owner(s)	
Class of Title	
Tenure	

2. Is This Application Being Made by the Registered Owner? <i>If No, please complete 2.1.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2.1 Applicant(s) Name
Please provide the full name of each applicant, including title. In the case of a company provide the company's full name. If more than two applicants please continue on Appendix C.

	<u>APPLICANT 1</u>	<u>APPLICANT 2</u>
Title		
Forenames		
Surname or Company Name		
Company Number.		
Index of Names no.(if any)		

2.2 Service Address Rule 15
This must be an address in the Island or the UK to which all notices and communications from the Land Registry will be directed after registration is completed.

Flat or Unit No.		
Name of Building		
Number		
Street		
District		
Town or Parish		
Postcode		
Country		

3. Is this Application to Reclassify the Title Pursuant to paragraph 1 of Schedule 3 to the Land Registration Act 1982?	Yes <input type="checkbox"/> <i>Go to question 4</i>
	No <input type="checkbox"/> <i>Go to question 5</i>

4. This Application is to Reclassify the Title as:-	Absolute Freehold <input type="checkbox"/>
	Good Leasehold <input type="checkbox"/>

4.1 The grounds on which the application is made:	
Not less than 21 years has elapsed since the applicant was registered as owner of the land in this title and is in possession at the date of application	<input type="checkbox"/>
Not less than 21 years has elapsed since the registration date of this title and the registered owner was in possession of the estate immediately prior to the transfer to the applicant who is in possession at the date of this application	<input type="checkbox"/>

5. This application is to reclassify the title pursuant to paragraph 2 of Schedule 3 to the Land Registration Act 1982 as:	Absolute Freehold	<input type="checkbox"/>
	Absolute Leasehold	<input type="checkbox"/>
	Good Leasehold	<input type="checkbox"/>

6. Signature of Each Applicant	
<i>To avoid unnecessary delays please ensure that all forms have been correctly completed, signed and dated and that all necessary documents and maps are furnished together with the correct fees.</i>	
I/We authorise the agent nominated by this application to receive and respond to all communications affecting this application until the registration is completed. <i>(delete if application is made by the applicants).</i>	
Signature(s)	Date

7. Signature of Person Lodging Application (if not the applicant)	
<i>To avoid unnecessary delays please ensure that all forms have been correctly completed, signed and dated and that all necessary documents and maps are furnished together with the correct fees.</i>	
Signature	Date
Name of Advocate <i>Please state the name of the signing advocate in block letters</i>	
Name of Firm <i>Please state the name of the firm in block letters</i>	