Form 30



Isle of Man Land Registry Application to register a Trustee appointed under a bankruptcy petition

Rule 94

FOR REGISTRY USE ONLY							
Application number							

Note: 7	This form mu	st be accompanie	ed by Form 100. U	se a separate form t	for each affected t	itle.	
1. A bankruptcy certified copy	· -	•	d				
on the Date/num	ber						
against Name							
who is the registered owner of		land					
			a charge	registered :	against the follo	wing title(s)	
		_	·				
2. Number of Ti Please enter the number of							
2.1 Title Number							
Registered Owner(s)							
Index of Names N	Number						
3. Applicants Details Application is made by the Trustee in bankruptcy.							
3.1 Full name of each applicant Note: If more than two applicants use Appendix B.							
		APPLICAN	<u>T 1</u>	4	APPLICANT 2		
Title							
Forenames							
Surname or Company Name							
Company No.							
3.2 Service Addr	'ess					Rule 15	
This must be an address in	the Island or the	UK to which all notices	and communication from	ı the Land Registry will be	directed after the regist	ration is complete.	
Flat or Unit No.							
Name of Building Number							
Street							
District							
Town or Parish							
Postcode							
Country							
4. Application is			The land in the	title comprised in	section 2		
registration of the Trustee(s) to be registered as owner(s) in respect of		The registered c	The registered charge Complete 4.1.				

4.1. Nature of Charge e.g Conditional Bond & Security, etc. Date of Charge				
		Date of Registration		Application Number
4.2 Full Name of I	Landan	Enter the charge owner details.		
Name of Lender	Lenuer.	Enter the charge owner details.		
Name of Building				
Number				
Street				
District				
Town or Parish				
Country				
Postcode				
	gent nomi	nated by this application to receive and responsion is completed. Delete if application is made by the		ion affecting this
Signature(s)			Date	
	please ensu	ging application (if not the applicant) re that all forms have been correctly completed, signed and do	ated and that all necessary doc	cuments and maps are
Signature			Date	
Name of Advocate Please state the name of the s Name of Firm				