



Isle of Man Land Registry
**Application to merge a registered leasehold
 title pursuant to section 26 Land Registration Act 1982**
 Rule 64

Form 38

FOR REGISTRY USE ONLY
Application number

Note: This form must be accompanied by Form 100. If the superior estate is not registered this application must be submitted as part of an application to register that title.

1. Title Number <i>Enter the title number and registered owners of the inferior leasehold estate to be extinguished.</i>	
Registered Owner(s)	
Index of Names Number(s)	

2. Is the Application being made by the Registered Owners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
-------------------------------------------------------------------	------------------------------	-----------------------------

If not please enter the applicants details in boxes 3.

3. Number of Applicant(s) <i>Please enter the number of applicant(s) in the box provided. If there are more than two applicants, their details must be set out in Appendix C.</i>	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

3.1 Applicant(s) Name <i>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.</i>

	<u>APPLICANT 1</u>	<u>APPLICANT 2</u>
Title		
Forenames		
Surname or Company Name		
Company Number		
Index of Names Number (if any)		

3.2 Service Address <i>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.</i>	Rule 15
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------

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

4. Superior Title <i>Delete as appropriate.</i>	
4.1 If the superior title is registered please enter title number.	
4.2 If not, does an application to register the superior title accompany this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3 Is the applicant entitled to both estates in the same capacity? <i>Note: If held in different capacities merger is not possible.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4 Are any of the covenants and conditions in the registered leasehold title to remain in force and effective?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes give details using Appendix I.</i>
4.5 Is the leasehold title subject to any charge or burden in favour of a third party which would be adversely affected by merger?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes give details using Appendix I.</i>

5. 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.	
Signature(s) <i>Delete if application is made by the applicants.</i>	Date

6. 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>	