Form eID1(b)

Application Number (LR use only)

LODGING ADVOCATE’S CERTIFICATE (COMPANIES)

Please see ‘Guidance Notes for Advocates ID Forms’ before completing this form.

To be completed by any Advocate who is representing a party to the transaction

being registered and who is submitting the application to the Land Registry

**CERTIFICATE**

I certify that I have undertaken the necessary checks and enquiries to establish the identity of the parties on whose behalf I have acted in this transaction as listed below.

Where I have acted for the legal owner of the estate the subject of the transaction I have confirmed the identity of any third party with a beneficial ownership in the estate, as at the date of the transaction (or in the case of voluntary registration at the date of the application), in conformity with the Proceeds of Crime Act 2008 and the Anti-money Laundering and Countering the Financing of Terrorism Code 2019.

|  |  |
| --- | --- |
| **Electronic Signature of Advocate**No changes can be made after signing |  |

**DETAILS OF COMPANY**

|  |  |
| --- | --- |
| **Name of Company** |   |
| **Isle of Man Registered Company Number** |   |
| **Capacity of company (vendor, purchaser etc)**  |   |

**DETAILS OF SIGNATORIES**

To be completed for persons signing on behalf of the company represented by the advocate named above in the transaction being registered

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth** |
|   |

**Use additional pages if necessary – please score through unused sections.**