Form eID2(a)

Application Number (LR use only)

ADVOCATE’S CERTIFICATE - OTHER PARTIES (INDIVIDUALS)

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 but where they are **NOT** the Advocate 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.

I have confirmed the identity of any third party with a beneficial ownership in the proceeds of sale of the estate, from the date of the transaction, 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 PARTIES**

To be completed for individuals represented by the Advocate named above, in the transaction being registered, BUT where an individual is signing on behalf of a company or body corporate please use Form ID2(b)

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Post Code  |
| **Capacity** (eg Seller, Landlord, Assignor) |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Post Code  |
| **Capacity** (eg Seller, Landlord, Assignor) |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Post Code  |
| **Capacity** (eg Seller, Landlord, Assignor) |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Post Code  |
| **Capacity** (eg Seller, Landlord, Assignor) |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Post Code  |
| **Capacity** (eg Seller, Landlord, Assignor) |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Post Code  |
| **Capacity** (eg Seller, Landlord, Assignor) |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
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| **Date of Birth (dd/mm/yyyy)** |
|   |

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