Form 20-1



## Isle of Man Land Registry **Application for Registration of Title to Whole of Registered Land Acquired by Possession**

Rule 63

FOR REGISTRY USE ONLY	
Application number	

Note: This form mus	t be accompa	anied by Form 100. Please comple	te in typescript or block capitals using black	ink	
1. Location of the Please enter in the spaces p		sh and Local Government District in which the	land is located.		
1.1 Parish:	1.2 Local Government District:				
2. Affected title.					
2.1 Title Number	Title Number				
Registered Owner	Registered Owner(s)				
Index of Names N	umber(s)				
3. Details of App	licant(s)				
3.1 Number of Applicant(s)  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 to this form.					
3.2 Applicant(s) N Please provide the full nam In the case of a company pr	e of each Applica	nt, including title. ny's full name, where applicable its company re	gistration number and the country in which the company is in	acorporated.	
		APPLICANT 1	APPLICANT 2		
Title					
Forenames					
Surname or					
Company Name					
Company					
Number					
Country of					
Incorporation					
3.3 Service Address in		IIV to which all notices and communications fr	Ru om the Land Registry will be directed if registration is comple	ile 15	
This must be an address in	ne isiana or the	APPLICANT 1	APPLICANT 2	ieu.	
Flat or Unit No.					
Name of building					
Number					
Street					
District					
Town or Parish					
Postcode					
Country					

3.4 Index of Na					Rule 9
	-	a title, then please provide the Applica	int's Index of Names	number, which can be found	on an Office Copy of
Index of Name	ained from the Land Registry.				
Number:-					
3.5 Co-owners			1	Act Section 5	50, Rule 83
In the case of two or mod If the Applicants are app provided. Where the app recorded in the title regi	olying to be registered as tenants in olicant's proposed holding is in a c ister.	her the Applicants are either "joint te a common in other than equal shares t combination of joint tenants and tenan ection 50(2) of the Act the applicants	then please state the justs in common, give o	n common" by placing X in th fractional share of each appli details in box 3.6 below as to h	e appropriate box. cant in the space now it is to be
Joint Tenant [		Joint T		•	
Tenant in Common	Fractional Share	Tenar Comi		Fractional Share	
3.6 Details of O  Complete only where th	*	int tenants and tenants in common. So	et out how it is to be	recorded on the title register.	
4. Other Particulars Relating to Ownership  Use this section to set out any particulars relating to the capacity in which the applicant is applying to be registered.  For example, if the applicant is a personal representative, state this and the details of the deceased person.					
		LICANT 1		APPLICANT 2	
5. Application				Act Section	on 48, Rule 63
The Applicant(s) hereby applies/apply pursuant to Section 48 of the Land Registration Act 1982 to be registered as owner for all the registered owner(s) interest in the affected title.					

6. Particulars of Application  The application must be supported by a statutory declaration by the Applicant and be collaborated where applicable by supporting statutory declarations.				
The application is based on the attached grounding affidavit of:	Name	Address		
and supporting affidavits of: If there are more than two affidavits, please continue on Appendix I	Name	Address		
7. Objection				
The Applicant(s) request: Please tick one box only				
1. That the Application be decided by the Registrar;	; or			
2. That the Registrar refers the Application for decis	sion to the Land Commi	ssioner		
8. Restrictions		Act S	ection 64, Rules 74 & 85	
Please indicate if there are any statutory restrictions affecting the powe	ers of disposition of the applicant			
Are there any Restrictions to be registered?  Please ensure that any Restrictions to be registered are set out in Apperto this form	ndix E	Yes	No 🗌	
9. Charge Burdens				
Are there any Charge Burdens to be registered?  Please ensure that any Charge Burden to be registered is set out in Form  Please use a separate Form 11 for each charge burden	Yes	No 🗌		
10. Appendices, Forms Please indicate in the boxes provided the number of:- pages attached for each Appendix to this form and survey maps and any additional plans.				
	Appendix C: Additional applicants	Appendix D: Inhibitions N/A	Appendix E: Restrictions	
Appendix F: N/A Appendix G: N/A Appurtenances: Burdens	Form 11: Charge burdens	Appendix I: Continuation	Survey N/A Maps/ Plans	
11. Signature of each applicant				
To avoid unnecessary delays please ensure that all forms have been cor together with the correct fees.		·		
I/WE authorise the agent nominated by this application to lodge this application and to receive and respond to all communication affecting this application until the registration is completed.				
Signature(s)  Date				

12. Signature of person lodging application (if not the applicant)  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.				
Signature	Date			
Name of Advocate				
Please state the name of the signing advocate in block letters				
Name of Firm				
Please state the name of the firm in block letters				