



Isle of Man Land Registry
Application to determine boundaries or extent of registered land
 Rule 79

Form 24

FOR REGISTRY USE ONLY
Application Number

Note: This form must be accompanied by Form 100.
 A separate application is required for each land parcel to be determined.

1. Title Number	
Registered Owner(s)	
Index of Names No.	

2. Transfer Details	
Date	
Transferor(s)	
Index of Names No. <i>(if any)</i>	
Transferee(s)	
Index of Names No. <i>(if any)</i>	

3. Is the Application being made by the	Transferor(s) <input type="checkbox"/>	Transferee(s) <input type="checkbox"/>
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4. Service Address of Applicant(s)		Rule 15
<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. If there are more than two, continue in Appendix C.</i>		
Flat or Unit No.		
Name of Building		
Street		
Number		
District		
Town or Parish		
Postcode		
Country		

5. Has a Survey Map Extract been enclosed showing the extent of the land boundary affected by this application?	Yes <input type="checkbox"/>
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5.1 Application is pursuant to Section 59(5) of the Land Registration Act 1982 to determine the following question. <i>(Set out the question to be determined).</i>

6. Grounds

Give a summary of the facts upon which the application is based with reference to any supplementary documents.

7. Signature of Applicant(s)

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/We authorise the agent nominated by this application to receive and respond to all communications affecting this application until the registration is completed. *(delete if application is made by the applicants).*

Signature(s)

Date

8. 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