



Isle of Man
Government
Reillys Ellan Vannin

Isle of Man Land Registry
**Application to the Land Commissioner for
rectification of the Title Register**
Rule81

Form 25

FOR REGISTRY USE ONLY
Application Number

Note: This form must be accompanied by Form 100.

1.1 Title Number	
Registered Owner(s)	
Index of Names Number	

2. Does the Application Affect	Whole of the land in the title?	<input type="checkbox"/>
	Part of the land in the title? <i>Note, If part, a Survey Map Extract must be supplied to identify the extent of each land parcel affected by the application. Use Appendix B for second and subsequent parcels.</i>	<input type="checkbox"/>

3. The application is being made by:	
The Registered Owner(s)	<input type="checkbox"/>
Another Applicant. <i>If so please enter the details in box 3.1</i>	<input type="checkbox"/>

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 No.		
Index of Names Number (if any)		

3.2 Service Address		Rule15
<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>		
Flat or Unit No.		
Name of Building		
Number		
Street		
District		
Town or Parish		
Postcode		
Country		

4. Application is made to the Land Commissioner pursuant to section 65(1) of the Land Registration Act 1982 for rectification of the title register.

5. The nature of the rectification for which application is made is:

*Give concise summary and details of any supporting documents which contain facts here. A Survey Map Extract must be supplied if the application affects anything shown on the Filed or Supplementary Plan
If there is insufficient space please continue on Appendix I. If set out in a supporting document, identify the document.*

5.1 The grounds relied upon in support of this application are:

*Give concise summary here. If there is insufficient space please continue on Appendix I.
If set out in a supporting document, identify the document.*

6. Is this application made with the knowledge and consent of all persons whose interests are or may be affected by the entry?

Evidence of such consent must be lodged in support of this application. If No, please answer 6.1.

Yes

No

6.1 The consent referred to in section 6. has not been obtained for the following reasons.

7. Signature of Each 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.

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