



**ESTATE AGENTS ACT 1975
ESTATE AGENTS RULES 1978 AS AMENDED**

**APPLICATION FOR REGISTRATION IN
THE ISLE OF MAN REGISTER OF:**

ESTATE AGENTS

The Office of Fair Trading
The Slieau Whallian
Foxdale Road
St John's
Isle of Man
IM4 3AS
Tel: (01624) 686520
Email: iomfairtrading@gov.im

DETAILS

I (name)

D.O.B (dd-month-yyyy) of (residential address)

practising under the name of

at the following address(es) in the Isle of Man

i.

Tel. no.

ii.

Tel. no.

iii.

Tel. no.

do hereby make application for registration as an authorised practitioner under the terms of the Estate Agents Act 1975 and undertake to observe the provisions of the same and the Rules made thereunder (see Note 2).

PAYMENT

Payment of £125 is submitted in the following form: (please tick as appropriate)

Cheque (made payable to "Isle of Man Government")

Card payment (this can be arranged at our public counter or call (01624) 686500 to make a payment over the phone)

BACS: Bank: Isle of Man Bank
Sort Code: 55-91-00
Account Number: 12545384
Please quote "OFT EA" and your surname as the reference

COMPLIANCE:

1 Give details of professional qualifications held by you and previous experience as a practising estate agent. Please give the name(s) and address(es) of person(s) from whom verification of your qualifications and previous experience may be obtained by the Registrar (see Note 3).

2 Give the names and addresses of two persons from whom character references might be obtained:

Name:

Address:

Post Code:

Name:

Address:

Post Code:

3 Give details of the guarantee bond or other security issued, in compliance with section 10 of the Estate Agents Act 1975 (as amended by paragraph 3 of the Estate Agents (Amendment) Rules 1982), in the OFT's favour including by whom issued and in what sum (see Note 4).

NOTES

- 1** This form when completed should be returned to the **Registrar of Estate Agents**.
- 2** The attention of the applicant is drawn to the attached "Notes for Applicants for Registration" prepared by the OFT containing information for the assistance of persons applying for registration in making their applications and associated fees.
- 3** The Registrar will require proof in writing of your professional qualifications to be submitted with the completed application, failing which the full name(s) and address(es) of the establishments which awarded your professional qualifications should be given.
- 4** If the guarantee bond has not been issued but an application has been made, please state the name and address of the person or firm, insurance company, bank, etc. to whom application has been made.
- 5** The application will not be processed until receipt of payment.

OFFICIAL USE ONLY

Application No:

Date Received:

Date of Decision:

Certificate Issued: