

FORM D Application for First Registration of New Common Grazing



The notes referred to are contained in the Notes and Directions for completion of applications for First Registration of New Common Grazing in the Crofting Register. Please read the notes carefully as incomplete forms cannot be considered and will be returned to you. Completed application forms and fee should be sent to the Crofting Commission at the address on page 4.

PLEASE TYPE OR USE BLACK INK AND CAPITAL LETTERS

Information required for the Crofting Register

1. Applicant details (see Note 1)					
Name of Organisation/Comp	any (if applicable)				
Title		С	Date of Birth		
Surname		F	orename(s)		
Postal Address					
Postcode		E	E-mail		
Daytime Tel No (Inc Code)		N	Mobile No		
2. Agent details (if applicable) (see Note 2)					
Agent Name					
Agent Reference					
Postal Address					
Postcode		E	E-mail		
Daytime Tel No (Inc Code)			Aobile No		

3. New Common Grazing Description (see Note 3)

Register of Crofts Number			
Common Grazing Name			
Parish			
4. Details of Crofts with a Right in the Co	ommon Grazing (see Note 5)	Registered Yes No	
Address		If yes please complete the Crofting Register Croft Number below	
If no please complete the Crofter/Owner-Occupi	er Crofter boxes below	Crofting Register Croft Number	
Title			
Crofter Surname	Crofter Forename(s)		
House No/Name	Postcode		
Postal Address			
Title			
Owner-Occupier Crofter Surname	Owner-Occupier Crofter Forename(s)		
House No/Name	Postcode		
Postal Address			
If there are any additional Crofter/Owner-Oo Section 8 additional information	ccupier Crofters please tick this	is box and complete	

5. Name and Design	nation of Others who Hold a Right in t	ne Common Grazing (see Note 5)
Title		
Surname	Forename	s)
House No/Name	Postcode	
Postal Address		
If there are any additi 8 additional information		the common grazing please tick this box and complete Section
	nitted in Support of the Application boxes to confirm the information submitted	see Note 6)
Plan [Other	
Registration Fee [Please give details of other information	
Method of Payment		
Cheque [Made payable to Crofting Commis	sion
7. Authorisation (see	e Note 7)	
Do you wish to be sent	your certificate by email? (please insert)	
Name and designation if different from applica		
I certify that the informa registration in the Crofti	ntion supplied in this application and associating Register.	ed plan is correct to the best of my knowledge and belief and apply for
Signature:	Date	

For Official Use Only.		
To be completed by the Crofting Commission, Great Glen House, Leachkin Road, Inverness IV3 8NW - Telephone (01463) 663450 Fax 711820 eMail www.crofting.scotland.gov.uk/		
This application has been checked against the details held in the Register of Crofts and is forwarded to the Keeper of the Registers of Scotland.		
Fee:	€	
Plan attached.		
Evidence attached.		
Register of Crofts Number:		
Authorisation Reference:		
Authorisation date:		





8.	8. Additional Information: Please complete a separate sheet if necessary (see Note 8)	