



1. From

Please complete this form in accordance with the Notes and Directions for completion of applications for recording in the Register of Sasines

2. FAS No.

3. Agent's Reference

4. Agent's Tel No.

5. Agent's email Address

6. Counties

<input type="checkbox"/> Aberdeen	<input type="checkbox"/> Bute	<input type="checkbox"/> Fife	<input type="checkbox"/> Lanark	<input type="checkbox"/> Perth	<input type="checkbox"/> Sutherland
<input type="checkbox"/> Angus	<input type="checkbox"/> Caithness	<input type="checkbox"/> Glasgow	<input type="checkbox"/> Midlothian	<input type="checkbox"/> Renfrew	<input type="checkbox"/> West Lothian
<input type="checkbox"/> Argyll	<input type="checkbox"/> Clackmannan	<input type="checkbox"/> Inverness	<input type="checkbox"/> Moray	<input type="checkbox"/> Ross & Cromarty	<input type="checkbox"/> Wigtown
<input type="checkbox"/> Ayr	<input type="checkbox"/> Dumbarton	<input type="checkbox"/> Kincardine	<input type="checkbox"/> Nairn	<input type="checkbox"/> Roxburgh	
<input type="checkbox"/> Banff	<input type="checkbox"/> Dumfries	<input type="checkbox"/> Kinross	<input type="checkbox"/> Orkney & Zetland	<input type="checkbox"/> Selkirk	
<input type="checkbox"/> Berwick	<input type="checkbox"/> East Lothian	<input type="checkbox"/> Kirkcudbright	<input type="checkbox"/> Peebles	<input type="checkbox"/> Stirling	

7. Deed Type

8. Is the Deed to be registered for Preservation only?

No Yes

9. Is the Deed to be registered for Preservation and Execution?

No Yes

10. No. of Extracts

11. Granter(s)

Mark X in box if more than two Granters

Granter 1

Surname Forename(s)

House No/Name Postcode

Street Name & Town/City

Granter 2

Surname Forename(s)

House No/Name Postcode

Street Name & Town/City

And/or company/firm or council, etc

House No/Name Postcode

Street Name & Town/City



If more space is required for any section of this form please use additional information sheet.

12. Applicant(s)

Mark X in box if more than two Applicants

Applicant 1

Surname Forename(s)

House No/Name Postcode

Street Name & Town/City

Applicant 2

Surname Forename(s)

House No/Name Postcode

Street Name & Town/City

And/or company/firm or council, etc

House No/Name Postcode

Street Name & Town/City

13. Subject(s)

Mark X in box if more than two Subjects

Subject 1

House No/Name Postcode

Street Name & Town/City

Subject 2

House No/Name Postcode

Street Name & Town/City

14. Consideration

15. Value

16. Fee

17. Payment Method

18. Payment Additional Information

19. Search Sheet Number(s)



If more space is required for any section of this form please use additional information sheet.

20. Dual Registration

Where the deed being registered requires to be dual registered, and either the burdened or benefited property is registered in the Land Register, please specify the appropriate Title Number(s).

21.

I/We apply for recording of the aforementioned deed to which this application relates in the County/ies and on behalf of the Applicants specified above. I/We certify that the information supplied on this Form is accurate and correct to the best of my / our knowledge.

Signature

Date