

FORM A Application for First Registration of a Croft





The notes referred to are contained in the notes and directions for completion of applications for First Registration 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 6.

PLEASE TYPE OR USE BLACK INK AND CAPITAL LETTERS

Information required for the Crofting Register

1. Applicant details (see Note 1)

Name of Organisation/Compan	y (if applicable)		
Title		Date of Birth	
Surname		Forename(s)	
Postal Address			
Postcode		E-mail	
Daytime Tel No (Inc Code)		Mobile No	

Reason for Registration	

2. Agent details (if applicable) (see Note 2)

Agent Name		
Agent Reference		
Postal Address		
Postcode	E-mail	
Daytime Tel No (Inc Code)	Mobile No	

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3. Croft description Description of Croft to be registered (see Note 3)

Register of Crofts Number	
Croft Name	
Township	
Parish	

4. Name and address of crofter (see Note 4)

Title		
Surname	Forename(s)	
House No/Name	Postcode	
Postal Address		

If there are any additional Crofters please tick this box and complete Section 13 additional information

5. Name and address of owner-occupier crofter (see Note 5)

Title	
Surname	Forename(s)
House No/Name	Postcode
Postal Address	
Title	
Surname	Forename(s)
House No/Name	Postcode
Postal Address	

If there are any additional Owner-Occupier Crofters please tick this box and complete Section 13 additional information

6. Name and address of landlord (see Note 6)

Title			
Surname		Forename(s)	
House No/Name		Postcode	
Postal Address			
If there are any ac	Iditional Landlords please tick th	nis box and co	mplete Section 13 additional information
7. Name and add	ress of owner (see Note 7)		
Title			
Surname		Forename(s)	
House No/Name		Postcode	
Postal Address			
If there are any ac	ditional Owners please tick this	box and com	olete Section 13 additional information
8. Common Graz	ing/Land Held Runrig (see Not	e 8)	
Does the croft have	any rights in a Common Grazing?	(Please tick)	Yes 🗌 No 🗌
If yes please supply	the name or names of the Commo	n Grazing and t	he Crofting Register Common Grazing/Runrig Number if Registered
Common Grazing N	ame		Crofting Register Common Grazing/Runrig Number
Does the croft have	any rights in a Land Held Runrig?	(Please tick)	Yes 🗌 No 🗌

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If yes please supply the name or names of the Land Held Runrig and the Crofting Register Common Grazing/Runrig Number if Registered

Land Held Runrig Name	Crofting Register Common Grazing/Runrig Number

If there are any additional rights in a Common Grazing/ Land Held Runrig please tick this box and complete Section 13 additional information

9. Is the Croft being registered subject to Decrofting; Resumption and/or Apportionment? (tick as appropriate) (see Note 9)

Decrofting - Has the croft been subject to Decrofting in the last 20 years?	Yes	No 🗌	If yes please supply the date that the Decrofting Direction was made	
Evidence/Plan submitted	Yes	No 🗌		
Resumption - Has the croft been subject to Resumption in the last 20 years or is it subject to a Temporary Resumption which is still within the allocated time period?	Yes	No 🗌	If yes please enter the date that the resumption was authorised	
If the Resumption is temporary please, enter the e	nd date		Evidence/Plan submitted Ye	s 🗌 No 🗌
Apportionment - Does the croft contain an Apportionment?	Yes	No 🗌		
If yes, is it a temporary Apportionment?	Yes	No 🗌	If the Apportionment is temporary, please enter the End date	
Evidence/Plan submitted	Yes	No 🗌		

If there is additional info that you wish to add in respect of Section 9 please tick this box and complete Section 13 additional info

10. Persons who own/occupy any adjacent croft or land (see Note 10)

Name	
Postal Address	
Name	
Postal Address	

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Name	
Postal Address	
Name	
Postal Address	

If there are any additional persons who own/occupy any adjacent croft or land please tick this box and complete Section 13 additional information

11. Information Submitted in Support of the Application

Please tick the relevant boxes to confirm the information submitted (see Note 11)

Plan		Other		
Decrofting Evidence		Please give details of other		
Resumption Evidence		information		
Apportionment Evidence				
Registration Fee				
Method of payment				
Cheque	☐ Mad	le payable to Crofting Commis	sion	
12. Authorisation (see No	ote 12)			
Do you wish to be forwarded	l your certific	ate by email? Yes 🗌 N	lo 🗌	
Name and designation of sig if different from applicant	gnatory			

I/We certify that the information supplied in this application and associated plan is correct to the best of my/our knowledge and belief and apply for registration in the Crofting Register. I/We also confirm that if this application is not a voluntary registration that the Registration Schedule should be updated once the regulatory decision has been approved and notification sent to the Keeper by the Crofting Commission.

Signature	Date	Signature	Date
Signature	Date	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	£			
Community Discount	£			
Plan attached				
Evidence attached				
Register of Crofts Number				
Maptile Reference				
Authorisation Reference				
Authorisation date				

13. Additional Information: Please complete a separate sheet if necessary (see Note 13)

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