



The notes referred to are contained in the notes and directions for completion of applications for subsequent events 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 7.

PLEASE TYPE OR USE BLACK INK AND CAPITAL LETTERS

Information required for the Crofting Register

1. Applicant details (see No	ote 1)		
Name of Organisation/Compar	ny (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 applica	able) (see Note 2)		
Agent Name			
Agent Reference			
Postal Address			
Postcode		E-mail	
Daytime Tel No (Inc Code)		Mobile No	

3. Croft description	on Description of Croft to be registered (see Note 3)
Croft Name	
Township	
Parish	
Register of Crofts Number	
Crofting Register Number	
Plan attached (Please tick) Ye	es No No
form will be required.	iter, Owner-Occupier Crofter, Landlord or Owner is being changed in more than one registered croft only one application. If this is the case please tick the box and enter the Croft Description details for each registered croft required rmation section and complete the relevant section within this form. A separate fee is required for each croft.
4. Is there a chan	ge of Crofter? (see Note 4) Yes No
If yes please enter the	ne name and address of the crofter to be deleted
Title	
Surname	Forename(s)
House No/Name	Postcode
Postal Address	
If there are any addit	tional Crofters to be deleted please tick this box and complete Section 16 additional information
Please enter the nar	me and address of the Crofter to be added
Title	
Surname	Forename(s)
House No/Name	Postcode
Postal Address	

5. Is there a chan	ge in the Owner-Occupier C	rofter? (see Note	e ⁵⁾ Yes No
If yes please enter the	ne name and address of the Owne	er-Occupier Crofte	r to be deleted from the Crofting Register
Title			
Surname		Forename(s)	
House No/Name		Postcode	
Postal Address			
If there are any addi	tional Owner-Occupier Crofters to	be deleted please	e tick this box and complete Section 16 additional information
If yes please enter the	ne name and address of the Owne	er-Occupier Crofte	rs to be added to the Crofting Register
Title			
Surname		Forename(s)	
House No/Name		Postcode	
Postal Address			
If there are any addi	tional Owner-Occupier Crofters to	be added please	tick this box and complete Section 16 additional information
6. Is there a chan	ge in the Landlord(s)? (see N	lote 6) Yes	□ No □
If yes please enter the	ne name and address of the Land	ord to be deleted	from the Crofting Register
Title			
Surname		Forename(s)	
House No/Name		Postcode	
Postal Address			
If there are any addi	tional Landlords to be deleted plea	ase tick this box a	nd complete Section 16 additional information

If yes please enter the name and address of the Landlord to be added to the Crofting Register Title: Surname Forename(s) House No/Name Postcode Postal Address If there are any additional Landlords to be added please tick this box and complete Section 16 additional information 7. Is there a change of Owner(s)? (see Note 7) Yes No 🗌 If yes please enter the name and address of the Owner to be deleted from the Crofting Register Title: Surname Forename(s) House No/Name Postcode Postal Address If there are any additional Owners to be deleted please tick this box and complete Section 16 additional information If yes please enter the name and address of the Owner to be added to the Crofting Register Title: Forename(s) Surname House No/Name Postcode Postal Address

If there are any additional Owners to be added please tick this box and complete Section 16 additional information

8. Is there any change to the Common Grazing/Land Held I	Runrig? (see Note	8) Yes \square] No 🗌	
If yes please enter the details below				
9. Does this application relate to decrofting? (see Note 9)		Yes [] No 🗌	
If yes please enter the date that the decrofting direction was made and	d supply a plan sho	wing the area	to be remove	ed/added
10. Does this application relate to Resumption? (see Note 10	0)	Yes [] No 🗌	
If yes please complete the boxes below				
Is it an application to register a resumption?		Yes [] No □	
If yes please supply a map of the resumed area and enter the date the resumption was authorised as well as the period of resumption	Date authorised			
(if temporary)	Period From		Period To	
Is it an application to extend the period of a register resumption?		Yes [] No 🗌	
If yes please confirm the existing reference on the registration schedule and supply the new date of authorisation and period	Reference			
	Date authorised			
	Period From		Period To	
Is it an application to convert a temporary resumption into an ordinary resumption?		Yes [] No 🗌	
If yes please confirm the existing reference on the registration schedule and supply the new date of authorisation	Reference			
	Period From		Period To	
Is it an application for resumed land to convert to Croft Land?		Yes [] No 🗌	
If yes please supply a map of the area to be converted to Croft land and/or supply the reference from the Registration Schedule	Мар	Yes [] No 🗌	
	Reference			

11. Does this application	n relate to apportionment? (see Note 11) Yes No	
If yes please enter the details	Is and supply a plan showing the area to be removed/added	
Apportionment new area	Yes No No and supply a plan showing the area to be added	
Apportionment end of period	Yes No If yes please supply a plan showing the area to be remove	/ed
12. Does this application	n relate to the division of a Croft? (see Note 12) Yes No	
If yes please supply a plan sh	showing the area to be divided clearly showing the retained and transferred areas	
13. Does this application	n relate to the exchange of Croft Land? (see Note 13) Yes No	
If yes please supply the Crofti	fting Register Croft Numbers for the two crofts	
	ed in Support of the Application es to confirm the information submitted (see Note 14)	
Plan	Other	
Decrofting Evidence Resumption Evidence	Please give details of other	
Apportionment Evidence	☐ information	
Division Evidence		
Exchange Evidence		
Registration Fee		
Method of Payment		
Cheque	☐ Made payable to Crofting Commission	

15. Authorisation (see Note	: 15)
Do you wish to be forwarded yo	our certificate by email? Yes No
Name and designation of signa	atory if different from applicant
I certify that the information sup and apply for registration in the	pplied in this application and associated plan (if required) is correct to the best of my knowledge and belie e Crofting Register.
Signature	Date
Telephone - (01463) 663 This application has bee	Crofting Commission, Great Glen House, Leachkin Road, Inverness IV3 8NW 450 Fax - 711820 Email - www.crofting.scotland.gov.uk/ en checked against the details held in the Register of Crofts Keeper of the Registers of Scotland.
Fee £	
Plan attached	
Evidence attached	
Register of Crofts Number	
Authorisation Reference	
Authorisation date	





tion: Please complet	te a separate sin	eet ii necessary (see Note 16)	