

Great Glen House Leachkin Road Inverness IV3 8NW Taigh a' Ghlinne Mhòir Rathad an Leacainn Inbhir Nis IV3 8NW

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# Notification of Change of Ownership of Croft Land

# Fios mu Atharrachadh Seilbhe

There may be a requirement to register your croft land, please read Section 1 in the guidance notes:

Requirement to Register your Croft Land



OFFICE USE ONLY CASE No:

#### ALL FIELDS MUST BE COMPLETED

Plea	se tick which is applicable		
	Tenant purchasing a croft (or part of a croft)		
	Change of owner-occupier crofter		
	Change of landlord		
Meth	od of Transfer for Change of owner-occupie	r crofter or Change of landlord	
	Sale/Purchase		
	Gift		
	Succession		
1 Cro	oft Details		
Croft:			
Parish	:		
Croftir	ng Commission Register Number		
_	egisters of Scotland Main Farm egister Number (where registered): Code:		

2 Previous Owner Details (only if a	pplicable)
Surname:	Title:
Forename(s):	
Main Residential Address:	
	Postcode:
Telephone:	
Alternative Telephone:	
E-mail Address:	
Additional previous owner details (	only if applicable)
Surname:	Title:
Forename(s):	
Main Residential Address:	
	Postcode:
Telephone:	
Alternative Telephone:	
E-mail Address:	
3 Previous Landlord Details (only i	if applicable)
Name of Organisation/Company Estate	
Surname:	Title:
Forename(s):	
Postal Address:	
	Postcode:
Telephone:	
Alternative Telephone:	
E-mail Address:	

If the same area of land was jointly acquired by more than one person, please enter the joint owners details in the section below headed 'Additional New Owner(s)' and continue on Page 7, if necessary.

4 New Owner Details				
Surname:		Title:		
Forename(s):				
Date of Birth:				
Main Residential Address:				
		Postcode:		
Telephone:				
Alternative Telephone:				
E-mail Address:				
I agree to communication regarding this application by e	-ma	ail Yes	N	10
Additional New Owner(s)				
Surname:		Title:		
Forename(s):				
Date of Birth:				
Main Residential Address:				
		Postcode:		
Telephone:				
Alternative Telephone:				
E-mail Address:				
I agree to communication regarding this application by e	-ma	ail Yes	N	10
Agent Details (only if applicable)				
Name:				
Date of Birth:				
Postal Address:				
		Postcode:		
Telephone:				
Alternative Telephone:				
E-mail Address:				
I agree to communication regarding this application by e	-ma	ail Yes	N	10

Where the agent is not a Solicitor or Profession	nal Agent, I authorise them to act o	n my behalf for this application.	
Signed	Date		
Applicant			
APPLICATION DETAILS			
Please read Section 3 - <b>Important Info</b> section of the guidance before respond	•	r Crofters	
5 DETAILS OF CROFT LAND PURC	HASED/TRANSFERRED		
WHOLE CROFT			
PART CROFT:		state extent in hectares	
APPORTIONMENT(S)			
If any apportionments have been purchased  Name of Grazing	Extent of Apportionment in hectares	Date of Apportionment Order(s) (DD/MM/YYYY)	
Has your purchase extinguished the pre	vious owner's interest in this c	eroft? Yes No	
6 EFFECTIVE DATE OF PURCHASE	<b>=</b>		
The date the croft land was acquired:	/	(DD/MM/YYYY)	
	(The exact date must be supplied	d for the Register of Crofts to be up-dated)	

For the applicant to complete (if applicable).

7 GRAZING SHARE(S)		
Were associated grazing shares included in the	purchase/transfer?	Yes No
Name of Grazings:		
N.B. If the share(s) are not included in the purchasto be a croft in its own right and a separate entry increated.		
If it is the intention to assign the tenancy of the sha Commission's consent to transfer the tenancy of th		uld apply for the
Annual rent for grazing share if not included in t (only applicable if tenant purchasing their croft I tenant of their grazing share).	-	
8 DECLARATION – TO BE SIGNED BY NE	EW OWNER(S)/AGENT	
I declare that, to the best of my knowledge, the given on this form is correct.	e information I/We have	
Signed:	Date:	
Signed:	Date:	
Signed:	Date:	

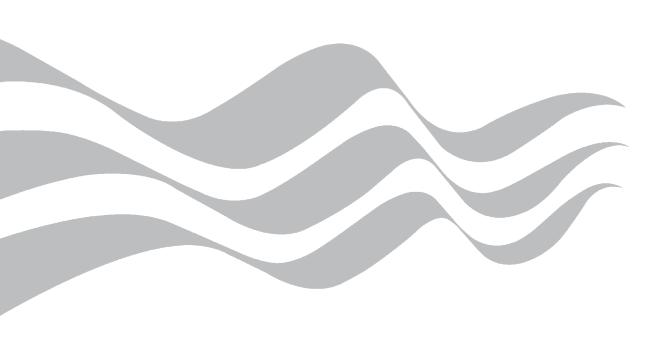
Additional New Owner(s)		
Surname:	Title:	
Forename(s):	'	
Date of Birth:		
Postal Address:		
	Postcode:	
Telephone:		
Alternative Telephone:		
E-mail Address:		
I agree to communication regarding the	nis application by e-mail	Yes No
For the applicant to complete (if applicab	ole).	
Where the agent is not a Solicitor or Profession	al Agent, I authorise them to act on my be	ehalf for this application.
Signed	Date	
Applicant		
Surname:	Title:	
Forename(s):		
Date of Birth:		
Postal Address:		
	Postcode:	
Telephone:	1 cottoodo.	
Alternative Telephone:		
E-mail Address:		
I agree to communication regarding the	nis application by e-mail	Yes No
	, , , , , , , , , , , , , , , , , , , ,	
Where the agent is not a Solicitor or Profession	nal Agent, I authorise them to act on my b	ehalf for this application.
Signed	Date	
Applicant		

Surname:	Title:	
Forename(s):		
Date of Birth:		
Postal Address:		
	Postcode:	
Telephone:		
Alternative Telephone:		
E-mail Address:		
I agree to communication regarding this application by e-	mail	Yes No
For the applicant to complete (if applicable).		
Where the agent is not a Solicitor or Professional Agent, I authorise the	m to act on my behalf fo	or this application
Signed	Date	
Applicant		

### **APPENDIX 1A**

## **ADDITIONAL INFORMATION SECTION**

Croft:
Main Location Code (MLC):
Crofting Commission Register Number:
Please use the space provided below to provide us with any additional information where there is insufficient space on the form.
Please clearly state which question the information relates to.



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