



**CROFTING COMMISSION
COIMISEAN NA CROITEARACHD**

Great Glen House
Leachkin Road
Inverness IV3 8NW

Taigh a' Ghlinne Mhòir
Rathad an Leacainn
Inbhir Nis IV3 8NW

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Decrofting Application Section 17/18 Feu

Di-chroiteadh gabhail S17/18

There is 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:

CROFT AND CONTACT DETAILS

ALL FIELDS MUST BE COMPLETED

1 Croft Details

Croft:	
Parish:	
Crofting Commission Register Number	
Registers of Scotland Register Number (where registered):	Main Location Code: (MLC)

2 Applicant Details (if more than one, enter additional details at Appendix 1)

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-mail Yes <input type="checkbox"/> No <input type="checkbox"/>	

3 Agent Details for Applicant (only if applicable)

Name:	
Postal Address:	
	Postcode:
Telephone:	
Alternative Telephone:	
E-mail Address:	
I agree to communication regarding this application by e-mail Yes <input type="checkbox"/> No <input type="checkbox"/>	

3A For the applicant to complete (if applicable).

Where the agent is not a Solicitor or Professional Agent, I authorise them to act on my behalf for this application.

Signed

Date

Applicant

APPLICATION DETAILS

Please read Section 4 – **Application Details** of the guidance before responding to the following

- 4** What is the size of the area you are applying to decroft? _____ ha
(Please provide the extent to three decimal places).
- 5** Is the area applied for enclosed (e.g. with existing fences/walls)? Yes No
(e.g. No house or any existing houses have been decrofted).

If **'Yes'**, please provide details:

- 6** Please confirm the date on which you became the owner of the site:

Your decrofting application must be accompanied by the original title map.

APPLICANT/AGENT PLEASE SIGN THIS DECLARATION

7 I confirm the following documents are enclosed with this application (if applicable):

- Copy Title Deeds or Land Certificate
- The Original Title Map
- Crofting registration application and croft registration map

8 DECLARATION

This application is submitted under sections 24(3) and 25 of the Crofters (Scotland) Act 1993.

I declare that, to the best of my knowledge, the information I have given in this application is correct.

Signed

Date

Applicant/Agent

What Happens Next?

- When we receive your application, we will send you or your agent an acknowledgement letter.
- We are required by law to advertise your application. Provided the croft is registered with the Keeper of the Registers of Scotland, at the end of the 28 day consultation period we must decide whether or not to grant the application or to investigate further. If we decide to investigate further we will notify all interested parties. We aim to take a decision within 12 to 16 weeks.
- You, or any other person who has the right, may appeal to the Scottish Land Court within 42 days from the date of public notification of our final decision. The appeal may be against our decision or against any conditions which we may impose in any direction we make.

Additional Owner(s) Details

Name of Organisation/Company/Estate:	
Surname:	Title:
Forename(s):	
Date of Birth:	
Postal Address:	
Postcode:	
Telephone:	
Alternative Telephone:	
E-mail Address:	

As co-owner of the area applied for, I hereby agree to this application being made.

Signed _____ Date _____

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