

# Application Form Section 51(1)-(5) of the Leasehold Reform, Housing and Urban Development Act 1993

Flats and Premises
Leasehold Enfranchisement: Missing Landlord
Application to determine Lease Terms and/or Premium

It is important that you read the notes below carefully before you complete this form.

Please write clearly in BLACK ink and tick boxes where appropriate.

This application form is also available in Welsh. Please contact the tribunal for a Welsh version of this form.

This is the correct form to use if you want to ask the Leasehold Valuation Tribunal ("the Tribunal") for a determination as to the lease terms and / or premium under section 51(1)-(5) of the Leasehold Reform, Housing and Urban Development Act 1993 ("The Act").

### Documents

You <u>must</u> send the following document(s) ("required documents(s)") with this application:

- the Vesting Order and any other Court Orders made in connection with the claim
- a copy of the lease

Failure to send any required document(s) might make this application invalid.

Please do not send any other documents at this time. If and when further documents, information or evidence are needed, you will be asked to send them separately.

Please send your completed application form and the required documents to:

Residential Property Tribunal 1st Floor, West Wing Southgate House Wood Street, Cardiff CF10 1EW

## Note to Applicants

Applicants are advised that any information that they provide may be recorded in a decision document. All decisions made by the Tribunal are open to the public.

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The Residential Property Tribunal will not accept applications by Fax or Email.

# Language Preference

The Residential Property Tribunal welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the tribunal in Welsh or English.

Please inform the tribunal of your language preference by completing box 3 below.

1. PROPERTY ADDRESS (including Postcode)				
2. DETAILS OF APPLICANT				
Name:				
Address (including postcode):				
Address for correspondence (if different)	<u> </u>			
,				
Telephone: Day: Ever	ing: Mobile:			
Email address:	Fax:			
	гах.			
Representative details:				
Where details of a representative have be	on given, all correspondence and communications will be			
with him/her until the Tribunal is notified th	en given, all correspondence and communications will be at he/she is no longer acting for you.			
3. LANGUAGE PREFERENCE				
Please indicate your language preference:				
Written correspondence? Welsh / Eng	lish (please delete as appropriate)			
Verbal communication? Welsh / End	lish (please delete as appropriate)			
Do you wish to speak Welsh in any legal p tribunal hearing or pre-trial review?	roceedings that may result from this application i.e.			
•	riata)			
Yes / No (please delete as approp	nate)			

LVT13 (See Guidance LVT-G4)

4.LAST KNOWN DETAILS OF	FREEHOLDER		
Name:			
Address (including postcode):			
			_
A.I.I. (			_
Address for correspondence (i	if different)		
-			_
			_
Telephone: Day:	Evening:	Mobile:	_
Email address (if known):			
Representative details:			
In the Freeholder's interest in	the property subject to	a mortgage or charge YES NO	1
Is the Freeholder's interest in	the property subject to	a mortgage of charge TES NO	J
If yes please give details in se	ection 5		
5.DETAILS OF ANY INTERMED	DIATE LANDLORD		
Namo			
Namo			
Name:			
Name:			
Name:Address (including postcode):			
Name:			
Name:Address (including postcode):			
Name:Address (including postcode):			
Name: Address (including postcode):  Address for correspondence (i	if different)		
Name: Address (including postcode):  Address for correspondence (i	if different)	Mobile:	
Name: Address (including postcode):  Address for correspondence (i	if different)	Mobile <i>:</i> Fax:	
Name: Address (including postcode):  Address for correspondence (including postcode):  Telephone: Day: Email address (if known):	if different)	Mobile <i>:</i> Fax:	
Name: Address (including postcode):  Address for correspondence (including postcode):  Address for correspondence (including postcode):  Telephone: Day:  Email address (if known):  Representative details:	if different)	Mobile: Fax:	
Name: Address (including postcode):  Address for correspondence (including postcode):  Telephone: Day: Email address (if known):	if different)	Mobile: Fax:	

Name:		
Address (including postcode):		
-		
Address for correspondence (	if different)	
Telephone: Day:	Evening:	Mobile:
Email address (if known):		Fax:
Representative details:		
7. CAN WE DEAL WITH Y	OUR APPLICATION WIT	HOUT A HEARING?
Is it possible for your application ("paper determination") but on		y on the basis of written representations
• the Tribunal thinks it is	appropriate	
<ul> <li>all parties agree</li> </ul>		
Even if you agree to a paper of	letermination	
the Tribunal may decid	e that an oral hearing is no	ecessary
<ul> <li>you or any other party is made</li> </ul>	may still ask for an oral he	earing at any time before the determinatio
Do you agree to this application	being determined withou	t an oral hearing YES NO
Please ensure that you complet	e this form in full on the a	ssumption that there will be an oral hearir

8. AVAILABILITY
If there are any dates or days we must avoid during the next three months (either for your convenience or the convenience of any witness or expert you may wish to call) please list them here.
Dates on which you will NOT be available:
9. VENUE REQUIREMENTS
Please provide details of any special requirements you or anyone who will be coming with you may have (e.g. wheelchair access, presence of an interpreter). It will assist the Tribunal in making the arrangements if it has been made aware of your needs.
10.STATEMENT OF TRUTH
I believe that the facts stated in this application are true.
Signed:
Name (IN CAPITALS)
Capacity (if appropriate) (eg Director, Company Secretary)
Date

# Checklist

Please check that:

- you have completed this form in FULL
- you have enclosed all the required documents

The Tribunal will not process your application if you have not done so.

Please contact the Residential Property Tribunal if you have any questions about how to fill in this form or the procedures the Tribunal will use:

Telephone: 0300 025 2777 Email: rpt@gov.wales