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| **Residential Property Tribunal Logo** |  |
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| Application FormSection 24(1) of the Leasehold Reform,Housing and Urban Development Act 1993Flats and Premises - Collective EnfranchisementApplication for Determination of the Terms of Acquisition remaining in Dispute | |
| **It is important that you read the notes below carefully before you complete this form.**  **Please write clearly and 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, under section 24(1) of the Leasehold Reform, Housing and Urban Development Act 1993 (“the Act”), you want to ask the Leasehold Valuation Tribunal (“the Tribunal”) for a determination of the terms of acquisition which remain in dispute. Documents You must send the following documents (“required documents”) with this application:   * copy of the leases (or of a typical lease if they are in a standard form) * copies of all Notices and Counter-Notices served.   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 the completed application form and the required documents to:**  **Residential Property Tribunal**  **Oak House**  **Cleppa Park**  **Celtic Springs**  **Newport**  **NP10 8BD** Note to Applicants Applicants are advised that any information that they provide to the Tribunal may be recorded in a decision document. All decisions made by the Tribunal are open to the public.   |  |  | | --- | --- | | 1. **1. Language Preference** |  | | Would you prefer to correspond with us in: | Welsh  English  Both | | Would you prefer any verbal communication to be in: | Welsh  English  Both | | Would you prefer to speak Welsh or English at your Tribunal Hearing? | Welsh  English  Both | | **2. Languages Spoken** |  | | What languages do you use to communicate?  (Please tick all that apply) | Welsh  English  Other (please state) | |  | Click or tap here to enter text. | | 1. **3.** We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English? | (Your answer will not affect the substance of your case in any way) | | Click or tap here to enter text. |  |   RPT welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal. | |

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| 1. **TYPE OF APPLICATION (S)** | | |
|  | \*I/We apply to The Tribunal under section 24(1) for a determination of the terms of acquisition which remain in dispute. |  |
|  | 1. the interest to be acquired by the nominee purchaser 2. the extent of the property to which those interests relate, or the rights to be granted over any property 3. the amounts payable as the purchase price for such interests 4. the apportionment conditions or other matters in connection with the severance of any reversionary interest 5. the provisions of the conveyance | |

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| 1. **PROPERTY ADDRESS (including postcode)** | | |
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| 1. **DETAILS OF APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Status of applicant ***(Tick appropriate box)***: | | | | | | | | | | | | | | | | | | | | | | Nominee Purchaser  Reversioner  Other  (please specifiy) | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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| Address for correspondence (if different): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| Telephone: Day*:* | | | | | |  | | | | | | | | | | Evening*:* | | | |  | | | | | | | | Mobile*:* | | |  | | |  |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
| Representative details: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| |  | | --- | | **3A. Disclosure of information** | | The Tribunal may copy the application form to other appropriate persons (e.g. other service charge paying leaseholders in the building or development). If you are a leaseholder and do not want your telephone number or email address to be disclosed to other such persons, please omit those details from Box 1 and attach them on a separate sheet.  Please also confirm that you do not want your (a) telephone number (b) email address details disclosed to other persons and confirm that you have supplied these on a separate sheet headed in bold and capital letters; **CONTACT DETAILS NOT TO BE SHARED WITH OTHERS**.  If you are sending in the application form and attachments by PDF, then the contact details not to be shared sheet MUST be sent in a separate attachment. | | Note:  Where details of a representative have been given, all correspondence and communication will be through them until the Tribunal is notified that they are no longer acting. |   # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **DETAILS OF RESPONDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
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| Address for correspondence (if different) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| Telephone: *Day:* | | |  | | | | | | | | | | | | | Evening*:* | | | |  | | | | | | | | | | Mobile*:* | | |  |  |
| Email address (if known): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Representative details: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **DETAILS OF FREEHOLDER IF FREEHOLDER IS NOT THE APPLICANT OR THE RESPONDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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| Address for correspondence (if different) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
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| Telephone: *Day:* | | | |  | | | | | | | | | | | | | Evening*:* | | | |  | | | | | | | | Mobile*:* | | |  | |  |
| Email address (if known): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | |  |
| Representative details: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Is the Freeholder’s interest in the property subject to a Mortgage or Charge? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | If Yes please give details in Section 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **DETAILS OF INTERMEDIATE LANDLORD(S) (IF ANY) OTHER THAN APPLICANT OR RESPONDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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| Address for correspondence (if different) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
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| Telephone: *Day:* | | | |  | | | | | | | | | | | | | Evening*:* | | | |  | | | | | | | | Mobile*:* | | |  | |  |
| Email address *(*if known): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |  | |  |
| Representative details: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Is the Intermediate Landlord’s interest in the property subject to a Mortgage or Charge?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | If Yes please give details in Section 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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| 1. **DETAILS OF MORTGAGEE OR CHARGEE** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | |  |
| Address (including postcode): | | | | | | |  | | | | | | | |  |
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| Address for correspondence (if different) | | | | | | | | |  | | | | | |  |
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| Telephone: Day*:* | | |  | | | | | Evening*:* | |  | | | Mobile*:* |  |  |
| Email address (if known): | | | | | |  | | | | | | |  |  |  |
| Representative details: | | | | |  | | | | | | | | | |  |
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| 1. **ADDITIONAL INFORMATION** | | | | | | | | |
|  | Please give details of the terms of acquisition you wish to be determined, and if you are seeking a determination of the amounts payable for the aquistion of interests, please specify the amounts the applicant and respondent are currently seeking for those interests. | | | | | | | |
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|  | Please continue on a separate sheet if necessary | | | | | | |  |
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| 1. **CAN WE DEAL WITH YOUR APPLICATION WITHOUT A HEARING?** | | | | | | | | |
| It is possible for your application to be dealt with entirely on the basis of written representations (“paper determination”) but only if:   * the Tribunal thinks it is appropriate * all parties agree.   Even if you agree to a paper determination   * the Tribunal may decide that an oral hearing is necessary * you or any other party may still ask for an oral hearing at any time before the determination is made   Do you agree to this application being determined without an oral hearing. YES  NO  Please ensure that you complete this form in full on the assumption that there will be an oral hearing. | | | | | | | | |
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| 1. **AVAILABILITY** | | | | | | | | |
| If there are any days or dates we must avoid during the next three months please list them here.  Dates on which you will **NOT** be available | | | | | | | | |
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| 1. **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. | | | | | | | | |
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| 1. **STATEMENT OF TRUTH** | | | | | | | | |
| I believe that the facts stated in this application are true. | | | | | | | | |
| Signed: | | |  | | | | |  |
| Name (IN CAPITALS): | |  | | | | | |  |
| Capacity (if appropriate) (e.g. Director, Company Secretary) | | | | | |  | |  |
| Dated: | | | | | |  | |  |

### 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**](mailto:rpt@gov.wales)