

Land Ownership and Control

This form should be completed by applicants who wish to undertake land based options under LMO in 2009 who do not have management control of the land for 5 years. These options CANNOT be undertaken on seasonally let land.

IF you are the owner, tenant, grazing clerk or contractual licensee with management control of all the land covered by this application and you cannot guarantee that you will have legal possession over the land for the entire length of the agreement (5 yrs) you must make a joint application with the person or persons who will take over your responsibilities if you cease to have control over part/all of the land. Please note that the entire area of the holding must be covered by such an undertaking.

1. Applicant details

Main Location Code				/						Business Reference Number
Name and Address of Business										Phone
										Mobile
										Fax
										E-mail

2. Enter landlord/principal tenant details

Main Location Code				/													
Business Name (enter name of company or partnership if appropriate)																	
Correspondence Address (Required if you do not submit a SAF submitted under IACS)																	
Postcode																	

3. Declarations and undertakings to be completed by the landlord/principal tenant

I/we declare that:

- I/we have read and understood the LMO guidance and the information provided by the applicant named above.
- I am/we are the outright owner (or for crofting land the principal tenant) of all/part of the land in this application.
- In the event that the applicant named above ceases to have management control over the relevant land (the land over which I/we will undertake management control), I/we will have control over the relevant land for the remainder of the 5 year agreement.

I/we undertake:

- In the event that the applicant named above ceases to have control over the relevant land (the land over which I/we will undertake management control) in the application at any time before the completion of the full 5 year term of any agreement resulting from this application, I/we will from the date of such cessation ensure that the obligations are properly fulfilled until the expiry date of that agreement.
- I/We will complete and send to SGRPID Area Office a successor application form within 3 months of the cessation of the tenancy/licence.

Landlord/ principal tenant Signature	Name (BLOCK LETTERS)	Status *
Please enter your Agent Identification Number (if submitted by an agent):		
Date		
	D	D
	/	M
	M	/
	Y	Y
	Y	Y
If this form is to be submitted by an agent, the agent must obtain the applicant's authority before the form is submitted. A form (AA1) is available for this purpose and can be obtained from any SGRPID Area Office.		

*If the Landlord/principal tenant is a limited company (or other corporate body) the application must be signed by a director, the company secretary or another duly authorised officer. Enter the position held here. The signatory should sign in his or her own name and not the name of the business, or a partnership name.

IMPORTANT - Your completed form must reach your SGRPID Area Office on or before 15 May 2009.