Form eID2(b)

Application Number (LR use only)

ADVOCATE’S CERTIFICATE - OTHER PARTIES (COMPANIES)

Please see ‘Guidance Notes for Advocates ID Forms’ before completing this form.

To be completed by any Advocate who is representing a party to the transaction

being registered but where they are **NOT** the Advocate submitting the application

to the Land Registry

**CERTIFICATE**

I certify that I have undertaken the necessary checks and enquiries to establish the identity of the parties on whose behalf I have acted in this transaction, as listed below.

I have confirmed the identity of any third party with a beneficial ownership in the proceeds of sale of the estate, as at the date of the transaction, in conformity with the Proceeds of Crime Act 2008 and the Anti-Money Laundering and Countering the Financing of Terrorism Code 2019

|  |  |
| --- | --- |
| **Electronic Signature of Advocate**No changes can be made after signing. |  |

**DETAILS OF COMPANY**

|  |  |
| --- | --- |
| **Name of Company** |   |
| **Isle of Man Registered Company Number** |   |
| **Capacity of company (vendor, purchaser etc)**  |   |

**DETAILS OF SIGNATORIES**

To be completed for all persons signing on behalf of the company represented by the advocate named above in the transaction being registered.

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

|  |  |
| --- | --- |
| **Full name**  | **Residential address** |
|   |     Postcode:  |
| **Capacity (director, secretary etc)**  |
|   |
| **Date of Birth (dd/mm/yyyy)** |
|   |

**Use additional forms if necessary.**