## **REQUEST TO AMALGAMATE**

FORM 15 Version 4 Page 1 of

Dealing Number

Lodger (Name, address & phone number)

Lodger Code

## IIIIII III III OFFICE USE ONLY

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1.	Lot on Plan Description of land held		Title Reference
2.	Applicant		
3.	How land/shares in item 1 is held		
4.	Instrument by which land to be amalgamated was	acquired	
	Dealing Type	Dated	
	Dealing No.	Share acquired	
5.	Lot on Plan Description of land acquired		Title Reference
6.	Amalgamated Lot on Plan description		Title Reference (if amalgamation of shares)
7.	Request/Execution by applicant		
It is	requested that		
	Witnessing officer must be aware of his/her oblig	ations under sectio	n 162 of the Land Title Act 1994
	signature		
	full name		
	qualification	/ /	
	nessing Officer	Execution Date	Applicant's or Solicitor's Signatur
	nessing officer must be in accordance with Schedule 1 and Title Act 1994 eg Legal Practitioner, JP, C Dec)		Note: A Solicitor is required to print full name if signing on behalf of the Applican