



COMMONWEALTH OF DOMINICA
MINISTRY OF TOURISM AND LEGAL AFFAIRS
REGISTRAR'S CHAMBERS

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Eastern Caribbean Supreme Court (Dominica)
 Dame Eugenia Charles Boulevard
 Roseau
 Commonwealth of Dominica

INFORMATION IN SUPPORT OF DOCUMENT PRESENTED

Application Details:	
Application Type: Part Transfer <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Caveat <input type="checkbox"/> First CT <input type="checkbox"/> Other: <input type="checkbox"/>	

Supporting documents presented: (Tick ALL that apply)

ID	<input type="checkbox"/>	Bond	<input type="checkbox"/>
Valuation Report	<input type="checkbox"/>	Caveat	<input type="checkbox"/>
Marriage Certificate	<input type="checkbox"/>	Caveat against Issue of First Title	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Caveat of Seizure	<input type="checkbox"/>
Certificate of Incorporation	<input type="checkbox"/>	Conversion of Caveat into Legal Court Order	<input type="checkbox"/>
Duplicate CT	<input type="checkbox"/>	Death Certificate	<input type="checkbox"/>
Damaged CT	<input type="checkbox"/>	Deed of Assent	<input type="checkbox"/>
Damage CT Application	<input type="checkbox"/>	Deed of Conveyance	<input type="checkbox"/>
Lost CT Application	<input type="checkbox"/>	Deed of Gift	<input type="checkbox"/>
Survey Plan	<input type="checkbox"/>	Indenture	<input type="checkbox"/>
Memo. of Acquisition	<input type="checkbox"/>	Joint Affidavit of Applicant and Solicitor	<input type="checkbox"/>
Memo. of Transfer of Part	<input type="checkbox"/>	Judge's Fiat/Approval	<input type="checkbox"/>
Memo. of Transmission	<input type="checkbox"/>	Letter of Administration	<input type="checkbox"/>
Memo. of Discharge of mortgage	<input type="checkbox"/>	Memorandum of Consolidation	<input type="checkbox"/>
Memo. of Incumbrance	<input type="checkbox"/>	Notice to adjacent occupiers	<input type="checkbox"/>
Memo. of Discharge of Incumbrance	<input type="checkbox"/>	Order	<input type="checkbox"/>
Memo. of Mortgage	<input type="checkbox"/>	Order of Withdrawal of caveat	<input type="checkbox"/>
Memo. of Transfer	<input type="checkbox"/>	Order or Application of Removal	<input type="checkbox"/>
Newspaper of Advertisement	<input type="checkbox"/>	Postal Stamps	<input type="checkbox"/>
Affidavit in Reply	<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>
Affidavit of Applicant (Long Possession)	<input type="checkbox"/>	Probate	<input type="checkbox"/>
Affidavit of due execution	<input type="checkbox"/>	Request of Registration	<input type="checkbox"/>
Affidavit of Service Bailiff	<input type="checkbox"/>	Request from Solicitors	<input type="checkbox"/>
Affidavit of Support Applicant	<input type="checkbox"/>	Solicitor's Affidavit	<input type="checkbox"/>
Affidavit of Summons	<input type="checkbox"/>	Statutory declaration for Change of name	<input type="checkbox"/>
Agreement	<input type="checkbox"/>	Summons to Ascertain Issue	<input type="checkbox"/>
Application to Sustain	<input type="checkbox"/>	Surveyor's Affidavit	<input type="checkbox"/>
Application/Request to Registrar	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Abstract of Title	<input type="checkbox"/>		

Please attach a CLEAR copy of ID Document for EACH party.

Applicant or Chambers Information:
In Person Applicant /Chambers acting under a Power of Attorney Solicitor Financial Institution
Applicant Name/Organization Name:
Address:
Contact Number: (Home) (Mobile) (Work)
Identification Document: Driver's License Social Security Card Passport Registration/VAT Certificate
Document Number: Document Issue Date: (dd/mm/yyyy)
Date of Birth/Company Registration Date: (dd/mm/yyyy)

Vendor/Transferor/Mortgagor/Caveator Information:
Person's name:
Identification Document:
Driver's License Social Security Card
Passport Reg/VAT Certificate
ID Document Number:
Company/Business Reg #:
Date of Birth / Reg. Date: (dd/mm/yyyy)
Contact Number: (Home)
(Mobile)
(Work)

Purchaser/Transferee/Mortgagee/Caveatee Information:
Person's name:
Identification Document:
Driver's License Social Security Card
Passport Reg/VAT Certificate
ID Document Number:
Company/Business Reg #:
Date of Birth / Reg. Date: (dd/mm/yyyy)
Contact Number: (Home)
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Date of Birth / Reg. Date: (dd/mm/yyyy)
Contact Number: (Home)
(Mobile)
(Work)

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SIGNATURE OF WITNESS

.....
SIGNATURE OF APPLICANT

DATE: (dd/mm/yyyy)/...../.....