Application Form
Section 51(1)-(5) of the Leasehold Reform, Housing and Urban Development Act 1993
Flats and Premises
Leasehold Enfranchisement: Missing Landlord
Application to determine Lease Terms and/or Premium

It is important that you read the notes below carefully before you complete this form.
Please write clearly 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 you want to ask the Leasehold Valuation Tribunal ("the Tribunal") for a determination as to the lease terms and / or premium under section 51(1)-(5) of the Leasehold Reform, Housing and Urban Development Act 1993 ("The Act").

Documents
You must send the following document(s) ("required documents(s)") with this application:
- the Vesting Order and any other Court Orders made in connection with the claim
- a copy of the lease
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 your completed application form and the required documents to:
Residential Property Tribunal
1st Floor, West Wing
Southgate House
Wood Street, Cardiff
CF10 1EW

Note to Applicants
Applicants are advised that any information that they provide may be recorded in a decision document. All decisions made by the Tribunal are open to the public.

The Residential Property Tribunal will not accept applications by Fax or Email.
Language Preference

The Residential Property Tribunal welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the tribunal in Welsh or English.

Please inform the tribunal of your language preference by completing box 3 below.
1. **PROPERTY ADDRESS (including Postcode)**

   ____________________________________________________
   ____________________________________________________

2. **DETAILS OF APPLICANT**

   **Name:** ____________________________________________
   
   **Address (including postcode):** ____________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   **Address for correspondence (if different):** ________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   **Telephone:**
   Day: __________________
   Evening: _______________
   Mobile: ________________

   **Email address:** ________________
   **Fax:** _______________________

   **Representative details:** ________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

   Where details of a representative have been given, all correspondence and communications will be with him/her until the Tribunal is notified that he/she is no longer acting for you.

3. **LANGUAGE PREFERENCE**

   Please indicate your language preference:

   **Written correspondence?** Welsh / English (please delete as appropriate)

   **Verbal communication?** Welsh / English (please delete as appropriate)

   Do you wish to speak Welsh in any legal proceedings that may result from this application i.e. tribunal hearing or pre-trial review?
   Yes / No (please delete as appropriate)
4. LAST KNOWN DETAILS OF FREEHOLDER

Name: 

Address (including postcode): 

Address for correspondence (if different): 

Telephone: Day: Evening: Mobile: 

Email address (if known): Fax: 

Representative details: 

Is the Freeholder’s interest in the property subject to a mortgage or charge? YES ☐ NO ☐

If yes please give details in section 5

5. DETAILS OF ANY INTERMEDIATE LANDLORD

Name: 

Address (including postcode): 

Address for correspondence (if different): 

Telephone: Day: Evening: Mobile: 

Email address (if known): Fax: 

Representative details: 

Is the intermediate Landlord’s interest in the property subject to a Mortgage or Charge? YES ☐ NO ☐

If yes please give details in section 5
### 6. DETAILS OF MORTGAGEE OR CHARGEES

| Name: |  
| Address (including postcode): |  
| Address for correspondence (if different): |  
| Telephone: Day: | Evening: | Mobile: |  
| Email address (if known): | Fax: |  
| Representative details: |  

### 7. CAN WE DEAL WITH YOUR APPLICATION WITHOUT A HEARING?

Is it 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.
8. AVAILABILITY

If there are any dates or days we must avoid during the next three months (either for your convenience or the convenience of any witness or expert you may wish to call) please list them here.

Dates on which you will NOT be available:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. 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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. STATEMENT OF TRUTH

I believe that the facts stated in this application are true.

Signed:

Name (IN CAPITALS)

Capacity (if appropriate) (eg Director, Company Secretary)

Date

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