**NLA – SYSAD 5**

**OBJECTION TO THE ADJUDICATION RECORD**

*Registration of Titles Cadastral Mapping*

*And Tenure Clarification (Special Provisions) Act*

**ENCY**

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|  | In the Matter of the Registration of Titles Cadastral Mapping and Tenure Clarification (Special Provisions) Act And In the Matter of the Adjudication Record dated \_\_\_\_\_\_\_\_ for the \_\_\_\_\_\_\_\_\_\_ Systematic Adjudication Area  |
| *Application Number* |  |
| *Details of Objector (individual)* |  I/We **Last Name/s \_\_\_\_\_\_ \_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Middle Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Birth (*dd/mm/yyyy*) TRN No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **NIS No.\_\_\_\_\_\_\_\_\_\_\_\_\_** **Identification No.** * Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Driver’s Licence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Elector Registration Identification Card (Voter ID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** * Male
* Female

**Postal Address** **Telephone number** **Email Address**   |
| *Details of Objector (Company)* | **Organisation Name Company No.** **Date of Incorporation/Registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Company Officer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer’s Capacity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TRN No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIS No.\_\_\_\_\_\_\_\_\_\_\_\_\_****Postal Address** **Telephone number** **Email Address**  |
| *If you are a representative of the Objector(s), please state the capacity in which you are Objecting.**E.g. Attorney-at-Law, Donee under Power of Attorney, Personal Representative, Guardian etc.*  | I [full name of Agent] do state that my address for the purpose of this Objection is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am the Objector’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the person authorized to make this application on behalf of the Objector(s) |
| *Describe land in accordance with the description stated on the Adjudication Record*  | Whereas the parcel of land described below is now the subject of an application for regularization of rights and interests made by [*name of Applicant stated on Adjudication Record*] of [*address of Applicant stated on Adjudication Record*] recorded on the Adjudication Record compiled for the [*designation of Systematic Adjudication Area*] Area and first published on the \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_:Cadastral Map No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parcel No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Volume/Folio (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Statement of Objection*  | I [*name of Objector*] of [*address of Objector*] HEREBY object to the regularisation of the said Application and/or claim an existing right or interest in the above described parcel of land;**AND FURTHER TAKE NOTICE** that I forbid the regularisation of the recorded Application made by the said Applicant until this Objection has been given due care and consideration. |
| *List Grounds of Objection* | The nature of the existing rights/interests and/or the grounds on which this Objection is founded are:(i)(ii)(iii) and my evidential documents in support of this Objection are listed in the Schedule and annexed hereto. |
| *Documents produced in support of Objection* | **SCHEDULE ABOVE REFERRED TO:**1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| *Date of document*  |  **Dated \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_**  Day Month, Year |
| *General Execution*  | **Signed by the said Objector/Agent****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name of Objector/Agent Signature  |
| *Marksman Clause – To be used when a party is unable to read or write by reason of illiteracy, illness or blindness* | **Signed by the said Objector/Agent****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Name of Individual) Signature/Mark  **After the same was read over and explained to him or her and who expressed themselves** **as understanding the nature and effects of the contents.** |
| *Execution by a company* |  **Signed for and on behalf of/** **Executed under the Common Seal of****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Company **Was affixed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name of Person Capacity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature **And \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Person Capacity  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature  |
| *Signing Under a Power of*  *Attorney*  | **Signing under Power of Attorney** **Executed for and on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name of Objector **By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Attorney Signature**And \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Attorney Signature**Under the Power of Attorney No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| *Submitted by* | **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Telephone Number: Fax Number:**  **Email:**  |
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***Please note the following :***

* + - * *Where an Agent represents the Objector this Form is to be accompanied by the Form of Authorization accessible via the NLA’s website or such other proof of Agency as may be applicable eg. Grant of Representation, Power of Attorney etc.*
			* *This form must be accompanied by a copy of a valid government issued photo identification certified by a Justice of the Peace or Notary Public*
			* *Objections are only valid within the 30 day period immediately following the initial publication of the Adjudication Record*