HM Land Registry

AFS2

Application for additional Business e-services

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| |  | | --- | | **For office use only** | | **ID reference:** |   **Version 4.0**  This application form should be used when applying for additional Business e-services. Only complete the sections of this application form that are appropriate to the additional services you are applying for and forward it, together with any appropriate completed documents to:  Service Access Team  PO Box 650  Southfield House  Southfield Way  Durham  DH1 9LR  DX 313201 Durham 24  If you need guidance to  complete your application,  please email [customersupport@ mail.landregistry.gov.uk](mailto:customersupport@mail.landregistry.gov.uk)  or call 0300 006 0411  **Network Services**  Allows qualifying organisations to create and lodge electronic documents. You must submit a completed [Network Access Agreement (NAA)](https://www.gov.uk/government/publications/land-registry-network-access-agreement) with this form to apply for Network Services.  **Lender Services**  Allows qualifying organisations to create and lodge electronic discharges. You must submit a completed [Memorandum of Understanding (MOU) with this form to apply for Lender Services.](https://www.gov.uk/government/publications/land-registry-memorandum-of-understanding-for-lenders) |  | Before completing this application form, please read our application guidance at [www.gov.uk/ guidance/apply-for-hm-land-registry-business-e-services](https://www.gov.uk/guidance/apply-for-hm-land-registry-business-e-services)  Application  Fields and subsections marked with a ‘\*’ are mandatory.  Sections 1 and 2 must be completed in all instances.  Section 3 should only be completed if you are applying for Network Services.  Your attention is also drawn to Section 4.  I wish to apply for:  Network Services **(please also complete Section 3)**  Lender Services |
| Section 1 **(must be completed by all applicants)**  \*Your organisation details |
| |  | | --- | | \*Name | | Trading as | | Company/LLP registration number | | \*Address (registered office, or equivalent) | |  | |  | | Postcode | | DX address | | \*Email | | \*Telephone number (landline) | |

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|  | | Section 1 **(continued)** | |
| **Nature of legal entity**  Select the box that reflects your organisation’s legal personality, or recognised legal structure. That legal personality, if it is not an individual person, may be a result of statute. |  | \*Nature of legal entity  *(Please place an ‘X’ in the appropriate box)* | |
| Limited company/PLC  Sole practitioner  Government department  Police and security services  Other (please specify) | Limited liability partnership/  Limited partnership  Partnership  Local authority |
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| **Business Type**  'Legal services provider' includes solicitors and licensed conveyancers, practices and licensed bodies (alternative business structures). |  | \*Business type  *(Please place an ‘X’ in the appropriate box)* | |
| Legal services provider  Government department  Local authority  Lender  Police and security services  Insolvency service  Property investors/services  Building company/developer  Other (please specify) | Estate agent  Chartered surveyor  Privatised utility  Financial services  Registered social landlord/  housing association  Charity  Commercial retailer/trader  Insurance company |
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| **Variable Direct Debit details**  All organisations must have at least one VDD account to use Business e-services |  | Variable Direct Debit (VDD) accounts | |
| Please provide details of any existing VDD key numbers that are not currently being used for Business e-services that you want to use for this purpose.    I want to apply for new VDD account(s) and have completed and enclosed VDD application form(s) and direct debit mandate(s). | |

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|  | | Section 1 **(continued)** |
| **Responsible person details**  A person within the organisation nominated to supervise the administrators. The responsible person will have access to reports documenting the activities of the administrators and Variable Direct Debit account data.  **Deputy responsible person details**  An organisation may also appoint deputy responsible persons to carry out this supervisory role. Details of deputy responsible persons should be supplied on form AFS5. **There is no limit on the number of deputy responsible persons an organisation can have.**  **New responsible person**  Only complete these details if you wish to nominate a replacement responsible person.  **If the existing responsible person has left the organisation**  If they were also one of your organisation’s administrators we will delete that account. Please return their security token to us or dispose of it in accordance with Waste Electrical and Electronic Equipment (WEEE) environmental legislation.  If they were also an authorised user you should direct one of your organisation’s administrators to delete that account. |  | \*Responsible person details |
| Existing responsible person details  Name  *(Please place an ‘X’ in the appropriate box)*  They are to continue to act as responsible person for your organisation.  The existing responsible person has left your organisation. |
| New responsible person details  I wish to nominate the following person as the new responsible person for this organisation.  \*Title *(Please place an ‘X’ in the appropriate box)* |
| Mr  Mrs  Miss  Ms  Other (please specify)   |  | | --- | | \*First name | | Middle name(s) | | \*Family name [block letters] | | \*Position in organisation | | \*Address | |  | |  | | Postcode | | DX address | | \*Email | | \*Telephone number *(Please complete at least one option)*  Landline | | Mobile |   **\*Delivery method of security credentials** *(Please place an ‘X’ in  the appropriate box*)  Postal  Electronic |

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|  | | Section 1 **(continued)** |
|  |  | \*Contact details for queries relating to this application  \*Title *(Please place an ‘X’ in the appropriate box)* |
|  | Mr  Mrs  Miss  Ms  Other (please specify)   |  | | --- | | \*First name | | Middle name(s) | | \*Family name [block letters] | | \*Postal address | |  | |  | | Postcode | | DX address | | **Method of contact** | | \*Email | | \*Telephone number *(Please complete at least one option)*  Landline | | Mobile | |

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|  | | Section 2 **(must be completed by all applicants)** |
| Lender Services are governed by  the Memorandum of Understanding, whereas Network Services are governed by the Network Access Agreement.  This form must be printed, signed and dated on behalf of the organisation by a duly authorised person within the organisation such as a company director, company secretary, partner or equivalent. |  | \*Certification  I am authorised to make this application of behalf of the organisation.  \*Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Print name  \*Date |

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|  |  | Section 3 **(You only need to complete section 3 if you are applying for Network Services)** |
| **Network Access Agreement details**  This information is required if applying for an NAA. All references to the LR (NA) Rules mean the Land Registration (Network Access) Rules 2008 as amended by the Land Registration (Network Access) (Amendment) Rules 2011.  **Regulator or licensing authority**  If your organisation is a recognised body or a licensed body, please provide details of your regulator or licensing authority. |  | Network Access Agreement details  \*Regulator or licensing authority details  An organisation (unless they are a government department) applying for Network Services must be or must employ a person authorised to carry out conveyancing and land registration work under the Legal Services Act 2007, Part 3 and Schedule 2 paragraphs 5 (1) (a) and (b) (the ‘relevant reserved instrument activities’).  Either provide details of your organisation’s regulator or licensing body **or** complete the authorised person certificate. (See paragraph 1, (1) (a) and (b) of Schedule 1 to LR (NA) Rules).  Your organisation's regulator or licensing authority  Solicitors Regulation Authority  Council for Licensed Conveyancers  Other (please specify) |
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| **Authorised person details**  An authorised person is defined in section 18 of the Legal Services Act 2007. |  | Authorised person details  If your organisation is **not** a recognized body, a licensed body or a government department, you must certify that your organisation employs at least one authorised person who is entitled to carry on relevant reserved instrument activities and who will carry on or direct and supervise those activities.  I certify that the applicant is an individual or body who employs, or being a body has among its managers, at least one authorised person who is authorised to carry on the relevant reserved instrument activities and who will carry on or direct and supervise the carrying on of the relevant reserved instrument activities as such employee or manager.  The authorised person is regulated or licensed by:  [Name] |

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|  | | Section 3 **(continued)** |
| **Insurance details**  All customers except government  departments must have indemnification arrangements or be able to show why this is not necessary. |  | \*Insurance details  *Select only one of the four options by placing an ‘X’ in the appropriate box, providing additional mandatory information if required* |
| ‘Indemnification arrangements’ is defined in paragraph 10 of Schedule 1 to the LR (NA) Rules. | **Option 1**  I certify that the organisation has the indemnification arrangements required by paragraph 2(1) of Schedule 1 to the LR (NA) Rules.  **Option 2**  The organisation is not under an obligation to comply with indemnification arrangements. The following are the details of the insurance that is reasonably equivalent:  \*Name of insured  \*Name of insurer  \*Minimum level of cover  **Option 3**  I confirm that the organisation is not required to meet the insurance criterion, as it is a government department.  **Option 4**  I confirm that the organisation is not under an obligation to comply with indemnification arrangements as defined in paragraph 10 of Schedule 1 to the LR (NA) Rules. It is not practicable to meet the insurance criterion, and it is unnecessary (paragraph 3(2) of Schedule 1 to LR (NA) Rules).  **\*Please provide details here of why it is not practicable and why it is unnecessary:** |
| **Option 2** - see paragraph 2(2) of Schedule 1 to the LR (NA) Rules. |
| **Option 4** – see paragraph 3(2) of Schedule 1 to LR (NA) Rules. |

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|  | | Section 3 **(continued)** |
| **Previous termination etc details**  If the customer or a connected person as defined in the LR (NA) Rules has been involved in any of these circumstances in the previous 3 years, we will look more carefully at the application. There will not be an absolute bar on the grant of an NAA, but we will consider the circumstances, and assess whether the applicant is likely to comply with the terms of the NAA. |  | \*Details of previous termination, notice of termination, intervention or disciplinary proceedings  *(Please place an ‘X’ in the appropriate box)*  **Either** select the certificate or complete the ‘Details’ section if any of the circumstances described in Paragraph 7 of Schedule 1 to the LR (NA) Rules applies to the applicant or connected person. Where more than one of the circumstances applies, please give details of each. Use a separate sheet if necessary.  I certify that to my knowledge, paragraph 7 of Schedule 1 to the Land Registration (Network Access) Rules does not apply to the organisation or any connected person.  Details of circumstances described in paragraph 7 of Schedule 1 to the LR (NA) Rules that apply to the organisation or to a connected person.  **\*Please provide details of the circumstances:** |

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|  | | Section 4 **(optional)** |
|  |  | Future products and services  We would like to keep you up to date and to ensure you have all the information on future products and service developments that may be of interest to you or your organisation. By submitting this form you will be indicating your consent to receiving information from HM Land Registry unless you have indicated that you do not wish to by placing an ‘X’ in the box below.  I do not wish to receive further information from HM Land Registry.  Should you wish to opt out of receiving further information from HM Land Registry in the future you may do so by writing to:  HM Land Registry Data Team  HM Land Registry  Trafalgar House  1 Bedford Park  Croydon  CR0 2AQ  or alternatively email: [DataPublication@landregistry.gov.uk](mailto:DataPublication@landregistry.gov.uk)  It would be helpful for us to know your preferred method of contact, as some of our communications are available in different formats. To indicate a preference, please place an ‘X’ in the relevant box below. Please note that this will not preclude us from communicating with you or your organisation via the other methods listed.  Email  Post  Telephone  No preference  **Data protection and privacy statement**  HM Land Registry will only use the data supplied to update you or your organisation on our services. We will not sell your details to any third parties. If you would like further information on our privacy policy please refer to our website [www.gov.uk/land-registry](http://www.gov.uk/land-registry) |