



JAMAICA AGRICULTURAL COMMODITIES REGULATORY AUTHORITY

Return by Holder of Certificate of Registration

FORM 7

(Regulation (13(3)))

To: The Jamaica Agricultural Commodities regulatory Authority of

(_____)

(address)

I (We). _____ the registered

(name(s) of Holder of Certificate)

TRN

owner(s) of land registered at _____

(give description of land including Volume and Folio No.)

hereby request that you enter in the Register for the said parcel of land the cessation of ownership dated the _____ day of _____, 20 ____.

The documents in support of this application consist of:

- i. The date upon which I/we ceased to be the owner(s) of the property;
- ii. Proof of identification of owner(s) of the property;
- iii. The manner in which I/we ceased to be the owner(s) of the property;
- iv. The quantity of regulated agricultural commodity/commodities reaped by me/us from the property during the period commencing the first day of January of that year in which I/we ceased to be the owner(s) of that registered property and terminating on the day on which I/we ceased to be the owner(s) of the property;
- v. The manner in which, the purposes for which and the persons to whom I/we disposed of the/all regulated agricultural commodity/commodities;
- vi. The name and address for any person(s) who, consequent upon his/them having ceased to be the owner(s) of the registered property, has become eligible for registration in respect of that property; and
- vii. Additional information relating to items (i) to (v) (where necessary).

B. STATEMENT BY APPLICANT

I/We hereby certify that the information contained in this application and any document submitted to the Authority, are true and completed to the best of my/our knowledge and belief.

I/We understand that any misrepresentation contained in the form shall lead to discontinuation of the processing of the application and the revocation of any licence granted and may also lead to prosecution. I/We further understand that the licence, if granted, may be suspended or revoked for breach of any of the terms or conditions stipulated therein.

Signature of Applicant _____

Name and title (please print or type) _____

Dated this _____ day of _____, 20

FOR OFFICIAL USE ONLY

Information attached: _____

Application fee _____ enclosed.

Comments:

Assessment Officer: _____

_____/_____/_____
Date