HM Land Registry

AFS4a

# Additional administrator details

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| **Version 1.1**  This form must be used when requesting additional administrators for the organisation and returned 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, pleaseemail: [customersupport@ mail.landregistry.gov.uk](mailto:customersupport@mail.landregistry.gov.uk) or call 0300 006 0411  **Administrator details**  The role of an administrator is to administer system access for the individual users of each organisation. Administrators will also be provided with permissions that enable them to manage the accounts of the organisation. **There is no limit on the number of administrators an organisation can have.** |  | Fields marked ‘\*’ are mandatory.  Your organisation details  \*Name  Administrator details  1. \*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] | | \*Address | |  | |  | | Postcode | | DX address | | \*Email | | \*Telephone number *(Please complete at least one option)* Landline  *t)*  Landline | | Mobile |   **\*Delivery method of security credentials**  *(Please place an ‘X’ in the appropriate box)*  Postal  Electronic |
|  | | |
|  |  | 2. \*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] | | \*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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| . |  | 3. \*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] | | \*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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|  |  | 4. \*Title *(Please place an ‘X’ in the appropriate box)*  Mr  Mrs  Miss  Ms  Witheld  Other (please specify)   |  | | --- | | \*First name | | Middle name(s) | | \*Family name [block letters] | | \*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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| This form must be signed and dated on behalf of the organisation by the responsible person or a deputy responsible person. |  | \* Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Print name  \*Date |