

Paragraph 9 (1) of Part II to Schedule 3 to the Agricultural Holdings Act 1986

Reply to Application for Certificate that Tenant is not fulfilling his/her responsibilities to farm in accordance with the Rules of Good Husbandry

This Application form is also available in Welsh. Please contact the Tribunal for a Welsh version of this form.

Section 1 – Information about You

Full Name	
Address (including Postcode)	
Telephone Number	
Email Address	

Language Preference

The Agricultural Land 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 answering the following questions:

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)

Section 2 – Information about the Application Made

Tribunal Number	ALT
Name of Applicant	
Address of Holding	

Section 3 – Representative Details

Is there anyone who will be acting on your behalf?

Yes No

If yes, please provide details below.

Full Name	
Address (including Postcode)	
Telephone Number	
Email Address	
Profession	

The Tribunal should deliver notices concerning the Application to the above representative instead of to me.

Section 4 – Response to the Application

The information in the Application is correct

The information in the Application is not correct, for the following reasons:

Section 5 – Statement of Truth

I believe (the Respondent believes) that the facts stated in this document are true.

I am duly authorised by the Respondent to sign this statement

Full Name	
Name of Respondent's Solicitor/Agents firm, if applicable	
Date	
Signature	