

Section 27 (5) of the Agricultural Holdings Act 1986

Application for Variation or Revocation of Condition Imposed by the Tribunal under Section 27(4) of the Agricultural Holdings Act 1986

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

The tribunal will accept applications by email to AgriculturalLandTribunalWales@gov.wales or in hard copy by post.

If sending a hard copy, please send the completed application form together with the specified documents to:

Agricultural Land Tribunal Wales

Welsh Tribunals Unit

PO Box 100

Llandrindod Wells

Powys

LD1 9BW

If you have any queries you can contact the Tribunal by email or on 0300 025 9809.

We welcome calls in Welsh and English.

The Agricultural Land Tribunal Wales welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

|  |  |
| --- | --- |
| 1. **1. Language Preference**
 |  |
| Would you prefer to correspond with us in: | Welsh [ ] English [ ]  Both [ ]   |
| Would you prefer any verbal communication to be in: | Welsh [ ] English [ ]  Both [ ]   |
| Would you prefer to speak Welsh or English at your Tribunal Hearing? | Welsh [ ] English [ ]  Both [ ]   |
| **2. Languages Spoken** |  |
| What languages do you use to communicate? (Please tick all that apply) | Welsh [ ] English [ ] Other (please state) [ ]  |
|  | Click or tap here to enter text. |
| 1. **3.** We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English?
 | (Your answer will not affect the substance of your case in any way)  |
| Click or tap here to enter text. |  |

**Section 1 – Information about You**

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

**Section 2 – Information about the Application Made**

|  |  |
| --- | --- |
| Tribunal Number | ALTClick or tap here to enter text. |
| Name of Applicant | Click or tap here to enter text. |
| Address of Holding | Click or tap here to enter text. |

# Section 3 – Reasons for Application to Revoke or Vary Conditions Imposed

[ ]  I apply to the Tribunal to revoke the condition imposed by Order dated Click or tap to enter a date.

[ ]  alternatively, I request the following variation be made:

|  |
| --- |
| Click or tap here to enter text. |

The reasons for my Application are:

|  |
| --- |
| Click or tap here to enter text. |

[ ]  I request the Tribunal consider my application at a paper Hearing

[ ]  I request that an oral Hearing be arranged.

**Section 4 – Statement of Truth**

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

[ ]  I am duly authorised by the Applicant to sign this statement

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Name of Applicant’s Solicitor/Agents firm, if applicable | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature | Click or tap here to enter text. |