



REGISTRAR GENERAL'S DEPARTMENT

Document Cover Sheet - Deeds

ALL ATTORNEYS AT LAW ARE REQUIRED TO COMPLETE THIS FORM IN DUPLICATE FOR
REGISTRATION OF ALL DEEDS AND OTHER DOCUMENTS
UNDER THE REGISTRAR GENERAL ACT CHAP.19:03

SECTION 1 - REGISTERING ATTORNEY

Admission No: *	<input type="text"/>	Firm/Chamber/ Organisation:	<input type="text"/>
Attorney's First Name: *	<input type="text"/>	Address 1:	<input type="text"/>
Attorney's Last Name: *	<input type="text"/>	Address 2:	<input type="text"/>
Telephone No:	<input type="text"/>	Town:	<input type="text"/>
Fax Number:	<input type="text"/>		

SECTION 2 - DEED INFORMATION

No of Pages: *	<input type="text"/>
Purport: *	<input type="text"/>
Consideration:	<input type="text"/>
Rent/Interest	<input type="text"/>
Date of Execution: *	<input type="text"/>
Parent Document:	<input type="text"/>

SECTION 4 - DEED ATTACHMENTS

ATTACHMENTS
(Please check off the attachments in the boxes below)

<input type="checkbox"/> Affidavit	<input type="checkbox"/>
<input type="checkbox"/> Plan	<input type="checkbox"/>
<input type="checkbox"/> Notarial Certificate	<input type="checkbox"/>
<input type="checkbox"/> Declaration	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>

PROPERTY 1

SECTION 3 - PROPERTY DETAILS

PROPERTY 2

Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
Town:	<input type="text"/>
Ward:	<input type="text"/>
Class: *	<input type="text"/>
Acreage/Extent:	<input type="text"/>
State Lands:	<input type="text"/>
Tobago:	<input type="text"/>
Chattel Description :	<input type="text"/>
Total No of Properties being Transferred *	<input type="text"/>

Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Town:	<input type="text"/>
Ward:	<input type="text"/>
Class:	<input type="text"/>
Acreage/Extent	<input type="text"/>
State Lands:	<input type="text"/>
Tobago:	<input type="text"/>
Chattel Description :	<input type="text"/>

FROM

SECTION 5 - OWNERS

TO

First Name:	<input type="text"/>
Last Name/Company: *	<input type="text"/>
Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
First Name:	<input type="text"/>
Last Name/Company:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Total No of Previous Owners *	<input type="text"/>

First Name:	<input type="text"/>
Last Name/Company: *	<input type="text"/>
Address 1: *	<input type="text"/>
Address 2:	<input type="text"/>
First Name:	<input type="text"/>
Last Name/Company:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Total No of Current Owners *	<input type="text"/>



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Please Click the Print Button When Finish Entering Information on the Form.
All Required Field Must Be Filled Out
***denotes a required field**

FOR OFFICIAL USE ONLY

CHECKLIST FOR REGISTRATION OF DOCUMENTS

Initial of CC

FOR OFFICIAL USE ONLY

- Signed Preparation Clause
- Stamp Duty
- Date of Execution
- Schedule - Ward & Boundaries
- Attachments
- Attestation Clause (i) execution bindividual
(ii) execution by marksman
(iii) execution by company
- Affidavit
- Documents Executed Abroad
 - Notarial Certificate
 - Declaration of Witness

Please include this page with your application.

The "2D" barcodes enable us to avoid manually entering data from this form and helps reduce your waiting time in our offices.