|  |  |
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| **Form LRA 28** | **(r. 44(1))** |

**REPUBLIC OF KENYA**

**THE LAND REGISTRATION ACT**

**THE LAND REGISTRATION (GENERAL) REGULATIONS, 2017**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date Received | Presentation Book | | Official Fees Paid | |
|  | ………………… | No…………………. | | Kshs. | |
|  |  |  |  | |  |
|  |  | **APPLICATION FOR REPARCELLATION** | | | |
|  |  | **TITLE NUMBERS:................................................** | | |  |
|  | **Date of Application** | |  |  |  |
|  |  |  |  |  |  |
|  | **The Applicants:** |  | *Give full name(s)* |  |  |
|  |  | |  |  |  |
|  | **ID/Passport/Compa** | |  |  |  |
|  | **ny Registration No.** |  |  |  |  |
|  | **of the Trustee**(if |  |  |  |  |
|  | any) |  |  |  |  |
|  | **The Applicants:** |  | *Give full name(s)* |  |  |
|  |  | |  |  |  |
|  | **ID/Passport/Company** | |  |  |  |
|  | **Registration No. of the** | |  |  |  |
|  | **Trustee**(if any) |  |  |  |  |
|  |  |  |  | |  |
|  |  |  | **SCHEDULE OF REPARCELLATION** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cadastral Plan** | **Parcel Number** | **Area** | **Proprietor** |
| **Number** |  | **(approximately)** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The Applicant **HEREBY APPLIES for the re-parcellation** in respect of the above noted parcels of land. In support of this Application, the Applicant attaches a Certified True copy of the supporting documents.

**EXECUTION:**

**SIGNED** by the Applicant in

the presence of:-

Coloured

Photograph

ID/No…………………..

PIN No………………….

Signature………………..

**Certificate of Verification**

**I CERTIFY** that the above-named …………………………………..

appeared before me on the …………………. day of ……..………….20.…

and being known to me/being identified by\*………………………………

of ………………………… acknowledge the above signatures or marks to

be his/hers/theirs and that he/she/they had freely and voluntarily executed this instrument and understood its contents.

……………………………………

Signature and Designation of

Person Certifying\*\*

**SIGNED** by the Applicant in the

presence of:-

Coloured

Photograph

ID/No…………………..

PIN No………………….

Signature………………..

**Certificate of Verification**

**I CERTIFY** that the above-named …………………………………..

appeared before me on the ………… day of ……..………………….20….

and being known to me/being identified by\*………………………………

of ………………………… acknowledge the above signatures or marks to

be his/hers/theirs and that he/she/they had freely and voluntarily executed this instrument and understood its contents.

……………………………………

Signature and Designation of

Signature and Designation of

Person Certifying\*\*