<AGENT\_ADDRESS>

Our Ref: <e-fin sign-on>

Your Ref: <To complete>

Reply to Sasine Intake

Telephone: 0131 659 6111 Ext:

DX 555400, Edinburgh 15

Date:

Dear Sir or Madam

|  |  |
| --- | --- |
| Deed Type: | <To complete> |
|  |  |
| Subjects: | <To complete> |
|  |  |
| Applicants: | <To complete> |
|  |  |
| County: | <To complete> |

I regret that I cannot at present accept the enclosed application(s) for registration in the Sasine Register for the reason(s) stated below:

Choose an item.

If re-presenting the application for recording, please enclose a copy of this letter and ensure the enclosed Sasine Application Form(s) is/are returned.

Yours faithfully

<Insert your name>

For Keeper of the Registers of Scotland

***For Official Use Only:***

**Cheques Enclosed - £**