<AGENT\_ADDRESS>

Our Ref: <drafter initials/UID>

Your Ref: <To complete>

Reply to Sasine Register

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/daily number/date of presentment: | | <To complete> |

I regret that your application(s) for recording in the Sasine Register cannot be accepted for the reason(s) stated below:

Choose an item. <FREE TEXT IF NECESSARY>

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

**PLEASE NOTE: REFUNDS WILL ONLY BE ISSUED ON REQUEST.**

**If not re-presenting the writ(s) for recording and a refund is required, please send a copy of this letter to Finance Section, DX555320, ED15 or LP53 ED5.**