



Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We FASU MIAM c/o "KASSIA LOUNGE"
(Insert name(s) of applicant)

*UPDATED BY IM - WCC
LICENSING WITH
PERMISSION
FROM APPLICANT
- 15/01/2020*

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description <u>CRAWFORD HOUSE, HAMBLEDON ROAD, DENMEAD HAMPSHIRE</u>			
Post town	<u>PORTSMOUTH</u>	Postcode	<u>PO7 6NU</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<u>£ 13,578.00</u>	

Part 2 - Applicant details

Please state whether you are applying for a premises licence as Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)

- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a statutory function or
- a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname MIAN.			First names FASU.		
Date of birth		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
Nationality					
Current residential address if different from premises address		CRAWFORD HOUSE (FORMERLY FLEUZATIONS) HAMBLEDON ROAD. DENMEAD.			
Post town	PORTSMOUTH			Postcode	PO7 6NU
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality				
Current postal address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				
E-mail address (optional)				

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	08	2019

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

RETAIL SPACE WITH TOILETS, SEATING, BAR AND KITCHEN.
PURPOSE: RESTAURANT AND BAR. SERVING INDIAN TAPAS/FOOD

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed					
Thur			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 6)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
Wed			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input checked="" type="checkbox"/>
Mon	14:00 AM	00:00	Please give further details here (please read guidance note 4) INDIVIDUAL OR SMALL GROUP ACTS SINGING TO BACKING MUSIC	Both	<input checked="" type="checkbox"/>
Tue	17:00 AM	00:00			
Wed	14:00 AM	00:00	State any seasonal variations for the performance of live music (please read guidance note 5) MORE REGULAR AT CHRISTMAS PERIOD, OTHERWISE MONTHLY / WEEKLY		
Thur	14:00 AM	00:00			
Fri	14:00 AM	00:00	Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6) NEW YEAR'S EVE UNTIL 3AM CHRISTMAS EVE UNTIL 3AM		
Sat	14:00 AM	00:00			
Sun	17:00 AM	00:00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	09:00	00:00	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	09:00	00:00			
Wed	09:00	00:00	State any seasonal variations for the playing of recorded music (please read guidance note 5) XMAS + NEW YEARS EVE @ 3AM		
Thur	09:00	00:00			
Fri	09:00	00:30	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 6) AS ABOVE		
Sat	09:00	00:30			
Sun	09:00	00:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	23:00	00:00	Please give further details here (please read guidance note 4)		
Tue	23:00	00:00			
Wed	23:00	00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) NEW YEAR'S EVE + XMAS EVE UNTIL 3AM		
Thur	23:00	00:00			
Fri	23:00	01:00	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6) AS ABOVE		
Sat	23:00	01:00			
Sun	23:00	00:00			

START TIMES UPDATED BY IM - WCC LICENSING WITH PERMISSION FROM APPLICANT - 15/01/2020.

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	09:00	00:00	EX MAS EVE + NEW YEARS EVE 3 AM		
Tue	09:00	00:00			
Wed	09:00	00:00			
Thur	09:00	00:00	Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		
Fri	09:00	01:00	AS ABOVE		
Sat	09:00	01:00			
Sun	09:00	00:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	FASU MIAN
Date of birth	
Address	
Postcode	
Personal licence number (if known)	MPE 0190.
Issuing licensing authority (if known)	HAVANT BOROUGH COUNCIL

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)
Mon	09:00	00:00	
Tue	09:00	00:00	
Wed	09:00	00:00	
Thur	09:00	00:00	
Fri	09:00	01:00	
Sat	09:00	01:00	
Sun	09:00	00:00	

M

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

STRONG MANAGEMENT CONTROLS AND EFFECTIVE TRAINING OF ALL STAFF. INCLUDING ATTENTION TO THE SELLING OF ALCOHOL TO UNDERAGE PEOPLE, NO TOLERANCE OF DRUNK + DISORDERLY, NO TOLERANCE OF DRUGS USE, NO TOLERANCE OF VIOLENCE / ANTI SOCIAL BEHAVIOUR. DPS WILL ENFORCE AGREEMENTS FOR ALL STAFF TO SIGN. CHALLENGE 25 POSTERS CLEARLY SITUATED.

b) The prevention of crime and disorder

CCTV INTERNAL (ALL AREAS) AND FRONT + REAR EXTERNAL. ACCESS FOR AUTHORITIES TO DOWNLOAD CCTV AT ANY TIME. MONITOR ENTRANCE + EXITS WITH SIGNAGE. CLEAR OPERATING HOURS ON DISPLAY. SMALL MEASURES INCL. 125ML WINE AND 25ML SHOTS OFFERED. NO UP-SELLING OF DOUBLE MEASURES. NO CANNED ALCOHOL DRINKS. COMPLIANCE WITH AUTHORITY VISITS.

c) Public safety

CCTV AS ABOVE. NO SALE OF ALCOHOL TO DRUNK / DISORDERLY, INTOXICATED, WELL TRAINED STAFF TO ENVIRONMENTAL HEALTH STANDARDS. ALL PARTS OF PREMISES TO BE KEPT IN GOOD ORDER AND WELL MAINTAINED. CCTV HARD DRIVE PLUS REAL TIME RECORDING. STAFF TRAINING ON CCTV. SUPERVISED TOILET AREAS - FIRST AID BOX AND TRAINING IN PLACE

d) The prevention of public nuisance

CCTV AS ABOVE. CLEAR OPERATING HOURS. SIGNAGE REQUESTING QUIET EXITS AND RESPECT FOR NEIGHBOURS TO BE REINFORCED BY MANAGEMENT. DELIVERIES TO BE CARRIED OUT AT TIMES AND MANNER NOT TO CAUSE NOISE / DISTURBANCE. ENCOURAGE CIVILISED ATMOSPHERE. NO OVERCROWDING OR QUEUING. RESTAURANT BOOKINGS + WALKINS EFFICIENTLY MANAGED.

e) The protection of children from harm

CCTV AS ABOVE. IDENTIFICATION OF ALL PERSONS UNDER 25 AND REFUSAL TO SERVE THOSE WITHOUT VALID ID. WELL TRAINED STAFF + COMPETENT MANAGEMENT. REFUSAL LOG KEPT AND MONITORED FOR RE-ENTRY. HEALTH + SAFETY POLICY IN PLACE FOR ALL EMPLOYEES AND ACKNOWLEDGED BEFORE SALE OF ALCOHOL.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. PLEASE CALL STEPH ON
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

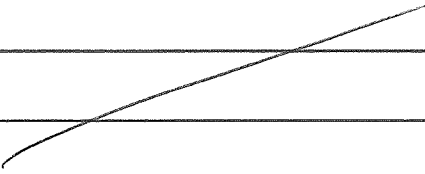
Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
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Signature	
Date	1 JUL 2019.
Capacity	DIRECTOR

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
FASU MIAN. CRAWFORD HOUSE (FORMERLY FLEETWOODS) HAMBLEDON ROAD			
Post town	PORTSMOUTH	Postcode	PO7 6NU
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

- Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
- In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:

* required information

Section 1 of 3

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?
 Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

- Applying as a business or organisation, including as a sole trader
- Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is your business registered in the UK with Companies House? Yes No

Is your business registered outside the UK? Yes No

Note: completing the Applicant Business section is optional in this form.

Business name If your business is registered, use its registered name.

VAT number Put "none" if you are not registered for VAT.

Legal status

Continued from previous page...

Your position in the business

Home country

The country where the headquarters of your business is located.

Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Section 2 of 3

CONSENT

Name Of Proposed Premises Supervisor

* First name

* Family name

Address Of Proposed Premises Supervisor

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

I hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the following application, and any premises licence to be granted or varied in respect of this application concerning the supply of alcohol at the premises

* Type of application

For instance 'Application for a premises licence' or 'Variation of a premises licence'

Is the application or variation that this consent is being submitted in connection with being supplied electronically to the authority

Yes

No

Don't know

Continued from previous page...

Reference number of
electronic application (if
known)

If the application or variation form is already
submitted, ask its applicant for the form's
'system reference' or 'your reference'.

Premises Licence Holder

* Name

FASU MIAH

Address Of Premises

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

Premises

Premise licence number

TBC.

* Name of premises

KASSIA LOUNGE

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below

Personal licence number

MPE0190

Personal licence issuing
authority name

HAVANT BOROUGH COUNCIL

Address Of Personal Licence Issuing Authority

Building number or name

PUBLIC SERVICE PLAZA

Street

CIVIC CENTRE ROAD

District

HAVANT

City or town

HAVANT

County or administrative area

HAMPSHIRE

Postcode

PO9 2AX

Contact Details Of Personal Licence Issuing Authority

Telephone number

02922446019

Section 3 of 3

DECLARATION

Continued from previous page...

* I/we understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the licensing act 2003, to make a false statement in or in connection with this application.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

Date (dd/mm/yyyy)

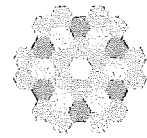
Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/winchester/change-7> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

HM Land Registry Current title plan

Title number **HP641709**
Ordnance Survey map reference **SU6512SE**
Scale **1:1250 enlarged from 1:2500**
Administrative area **Hampshire : Winchester**



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This title is dealt with by HM Land Registry, Weymouth Office.

