



VELFERÐARRÁÐUNEYTIÐ

Ministry of Welfare  
Hafnarhúsinu við Tryggvagötu  
150 Reykjavík  
Tel: 545 8100  
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## Application for a Special License to Prepare Declarations of Division of Ownership

### Applicant:

Name: _____ Kt. _____		
Job Title: _____		
Address: _____		
Postcode: _____	Country: _____	Telephone: _____
Workplace: _____		
Address: _____		
Postcode: _____	Country: _____	Telephone: _____
Email: _____		

### The following supporting documents are required:

A photocopy of your certification diploma from a special course in declaration of division of ownership.

A statement that shows that the applicant is competent and has the right to manage his own financial affairs.

The undersigned wishes to be registered on a special list of the licensee that is distributed to the public. On the list are details of name, job, workplace and work phone.

**Yes**                      **No**

Announcements of the granting of licences to persons to operate as rental agents shall be published in the Official Gazette. Announcements of the withdrawal of licences shall be published in the same way.

If in the course of his work a licensee displays gross negligence or is guilty of a violation of the legislation, or no longer meets one or more of the conditions for granting a licence, the Minister may withdraw his licence, either temporarily or for the remainder of the licence period.

\_\_\_\_\_  
*Location*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*