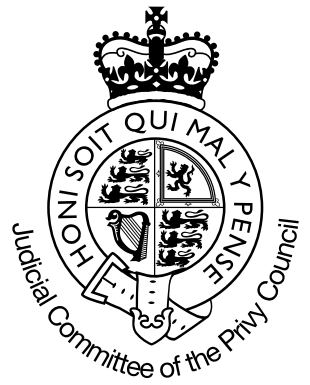


In the Judicial Committee of the Privy Council

Application form



Jurisdiction

Court of origin

— V —

Appeal number

Date of filing

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M	M		Y	Y	Y	Y

Applicant's agents

Appellant's agents

Respondent's agents

1. Details of the applicant

Applicant's full name

Original status

Claimant

Defendant

Intervener

Petitioner

Respondent

Agent

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Ref.

Email

How would you prefer us to communicate with you?

DX

Email

Post

Other (please specify)

Counsel

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

Counsel

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

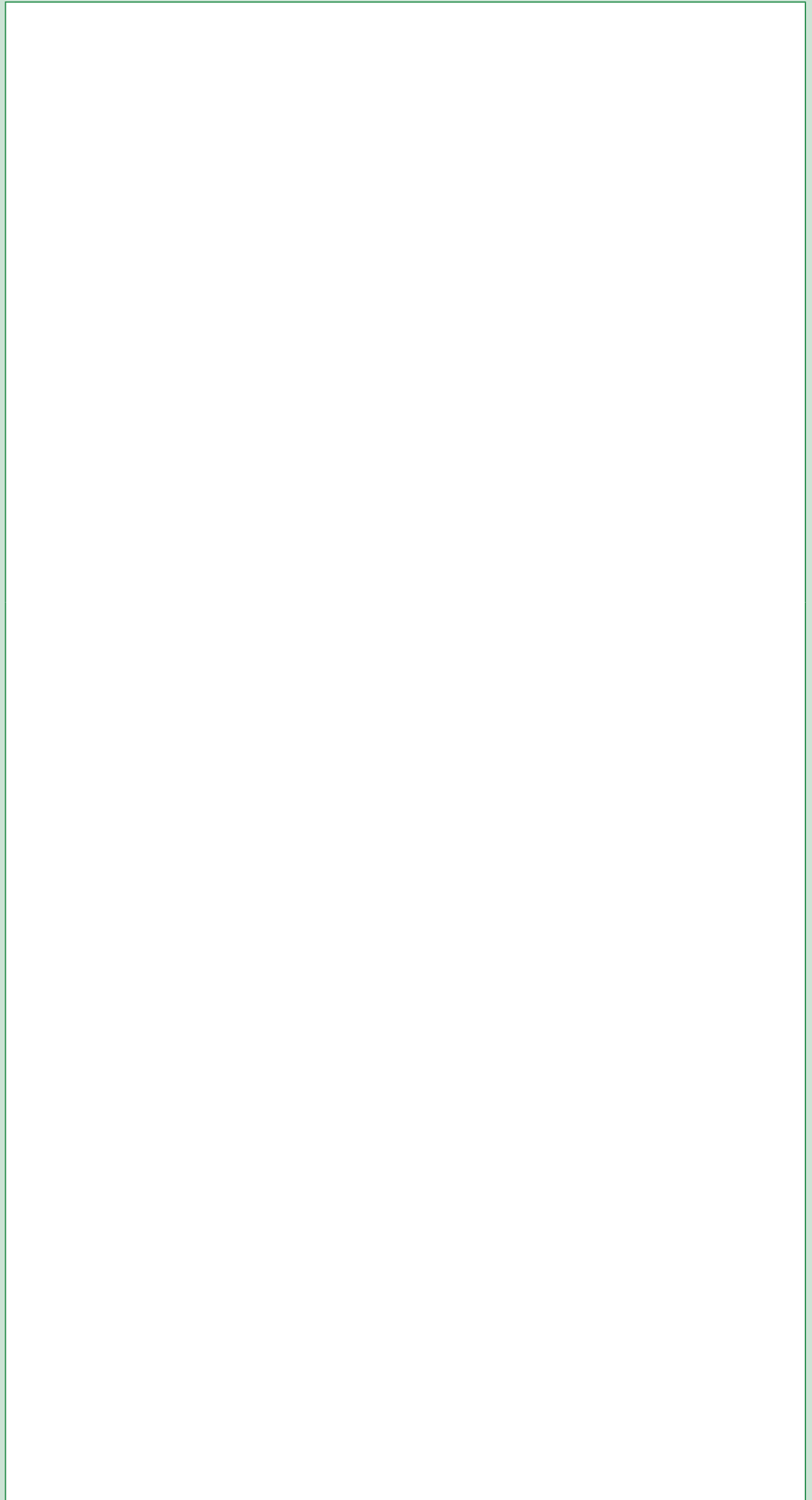
2. Nature of the application

The applicant applies for

- | | |
|--|---|
| <input type="checkbox"/> Extension of time | <input type="checkbox"/> Permission to intervene |
| <input type="checkbox"/> Security | <input type="checkbox"/> Order for substituted service |
| <input type="checkbox"/> Expedited hearing | <input type="checkbox"/> Review of Registrar's decision |
| <input type="checkbox"/> Other order (<i>please specify</i>) | |

3. Grounds on which application made

On what grounds are you making this application?



4. Consent to application

The following parties
consent to this application

See attached letter(s) dated

The following parties
object to this application

See attached letter(s) dated

5. Other relevant information

6. Details of the appellant

Appellant's full name

Original status

Claimant

Defendant

Petitioner

Respondent

Agent

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Ref.

Email

Counsel

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

Counsel

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

7. Details of the respondent

Respondent's full name

Original status

Claimant

Defendant

Petitioner

Respondent

Agent

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Ref.

Email

Counsel

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

Counsel

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

8. Certificate of Service

Either complete this section or attach a separate certificate

On what date was this
form served on the

Appellant / /
D D M M M Y Y Y Y

Respondent / /
D D M M M Y Y Y Y

I certify that this document was served on

by

by the following method

Signature

9. Details of Registrar's order/decision being appealed

Date of order/decision

/ /
D D M M M Y Y Y Y

Please return your completed form to:

The Judicial Committee of the Privy Council, Parliament Square, London SW1P 3BD
DX157230 Parliament Square 4

Telephone: 020 7960 1500 Fax: 020 7960 1501

email: registry@jcpc.uk

www.jcpc.uk