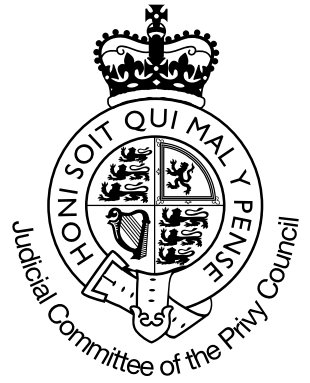


In the Judicial Committee of the Privy Council

# Notice of objection/ Acknowledgement



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

Name of respondent

Respondent's agents

Name of appellant

Appellant's agents

# 1. Respondent

Respondent's full name

The respondent was served with the

- application for permission to appeal
- notice of appeal
- application

on

<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

The respondent intends to ask the Judicial Committee to:

- refuse to grant permission to appeal
- order the appellant to give security for costs if permission to appeal is granted
- dismiss the appeal
- give the respondent permission to cross-appeal
- allow the appeal for reasons which are different from, or additional to, those given by the court below
- Other (*please specify*)

The respondent wishes to receive notice of any hearing date and to be advised of progress. The respondent's details are:

## Agent

Name

Address

Telephone no.

Fax no.

DX no.

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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. Certificate of Service**

Either complete this section or attach a separate certificate

Appellant

D D M M M Y Y Y Y

Other Respondent

D D M M M Y Y Y Y

On what date was this form served on the

I certify that this document was served on

by

by the following method

Signature

### 3. Other information about the respondent

#### Information about the respondent's case

Set out here the respondent's grounds of appeal, reasons why permission to appeal should be refused or why the appeal should be allowed. Include information to explain what the respondent intends to ask the Judicial Committee to do.

#### 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](mailto:registry@jcpc.uk)

[www.jcpc.uk](http://www.jcpc.uk)



