

In the Judicial Committee of the Privy Council

Application form



This application is filed on behalf of

Applicant is the [appellant/respondent] [intervener]
in the proceedings

(Appellant/Respondent in the Judicial Committee of the Privy
Council)

— V —

(Appellant/Respondent in the Judicial Committee of the Privy
Council)

Country of origin of
proceedings

Case 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 representatives

Details of the applicant

Appelants full name

Original status

- Claimant Defendant Intervener
 Petitioner Respondent

Solicitors (UK if any)

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*)

Name

Attorney (Local)

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.

Post Code

Email

Nature of the application

The applicant applies for

- Extension of time
- Security
- Expedited hearing
- Other order *(please specify)*
- Permission to intervene
- Order for substituted service
- Review of Registrar's decision

Grounds on which application made

On what grounds are you making this application?

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

Other relevant information

Details of the appellant

Appellant's full name

Original status

- Claimant Defendant
 Petitioner Respondent

Solicitor/Attorney

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

Details of the respondent

Respondent's full name

Original status

Claimant

Defendant

Petitioner

Respondent

Name

Solicitor/Attorney

Address

Telephone no.

Fax no.

DX no.

Postcode

Ref.

Email

Name

Counsel

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

Name

Counsel

Address

Telephone no.

Fax no.

DX no.

Postcode

Email

Details of Registrar's order/decision being appealed where applicable.

Date of order/Decision

		/				/				
D	D		M	M	M		Y	Y	Y	Y

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

Please return the completed form to:

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Application form

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

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email: registry@supremecourt.uk

www.jcpc.uk