



In the Judicial Committee of the Privy Council

Application form

Jurisdiction

Court of origin

— V —

Appeal number

Date of filing

/

/

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

☐

Pursuer

☐

Defender

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

☐

Extension of time

☐

Permission to intervene

☐

Security

☐

Order for substituted service

☐

Expedited hearing

☐

Review of Registrar's decision

☐

Other order (*please specify*)

On what grounds are you making this application?

3. Grounds on which application made

The following parties
consent to this application

4. Consent to 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

☐

Pursuer

☐

Defender

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

☐

Pursuer

☐

Defender

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

Appellant

| | | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <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 |

Respondent

| | | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <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 |

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

| | | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <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 |

Please return your completed form to:

The Judicial Committee of the Privy Council, Downing Street, London SW1A 2AJ

Fax: 020 7276 0460

email: judicial.committee@pco.x.gsi.gov.uk

www.privacy-council.org.uk