

# 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

		/				/				
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.

Ref.

Postcode

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.

Ref.

Postcode

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

☐ 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?

## Grounds on which application made

The following parties  
**consent** to this application

## Consent to application

See attached letter(s) dated

The following parties  
**object** to this application

See attached letter(s) dated

## Other relevant information

Appellant's full name

Original status

Name

Address

Postcode

Email

Name

Address

Postcode

Email

Name

Address

Postcode

Email

# Details of the appellant

- ☐ Claimant
- ☐ Defendant
- ☐ Petitioner
- ☐ Respondent

## Solicitor/Attorney

Telephone no.

Fax no.

DX no.

Ref.

## Counsel

Telephone no.

Fax no.

DX no.

## Counsel

Telephone no.

Fax no.

DX no.



## 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

<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

On what date was this form served on the

### 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

Please return the completed form to: