**FORM 1: APPLICATION**

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **GENERAL** |  |  |  |  | |
| |  |  | | --- | --- | | **Country/Jurisdiction:** | | | **Court of origin (where appropriate):** | | | **Appeal number (where appropriate):** | **Date of filing:** **/****/** | | **-V-** | | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **AGENTS** |  |  |  |  | |
| |  | | --- | | **Applicant’s agents:** | | **Respondent’s agents:** | |

# 1. Details of the Applicant

**Applicant’s full name:**      

**Original status:**

Claimant Defendant Intervener

Petitioner Respondent

## **Agent (if applicable)**

|  |  |
| --- | --- |
| **Name:** | |
| **Address:**  **Postcode:** | **Telephone no:**  **Fax no:**  **DX no:**  **Ref:** |
| **Email:** | |
| **How would you prefer us to communicate with you?**  **Email**  **Post**  **Other (please specify):** | |

## **Counsel (If applicable)**

|  |  |
| --- | --- |
| **Name:** | |
| **Address:**  **Postcode:** | **Telephone no:**  **Fax no:**  **DX no:**  **Ref:** |
| **Email:** | |
| **How would you prefer us to communicate with you?**  Email  Post  Other (please specify): | |

# 2. Nature of the application

**This 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)      

# 3. Grounds on which application is made

**On what grounds are you making 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 respondent

**Respondent’s full name:**      

**Original status:**

Claimant Defendant Intervener

Petitioner Respondent

## **Agent (if applicable)**

|  |  |
| --- | --- |
| **Name:**  **Firm Name:** | |
| **Address:**  **Postcode:** | **Telephone no:**  **Fax no:**  **DX no:**  **Ref:** |
| **Email:** | |
| **How would you prefer us to communicate with you?**  **Email** **Post** **Other (please specify):** | |

## **Counsel (If applicable)**

|  |  |
| --- | --- |
| **Name:** | |
| **Address:**  **Postcode:** | **Telephone no:**  **Fax no:**  **DX no:**  **Ref:** |
| **Email:** | |
| **How would you prefer us to communicate with you?**  Email Post Other (please specify): | |

# NOTE:

Please ensure that this application is properly served onto all other parties, as listed above. Per Rule 3.02 of the *ITNJ General Procedure Rules,* a document may be served by personal service, registered post and/or electronic means.

The Applicant must file an Affidavit of Service within five business days of serving this application, and the affidavit must outline the details of service. Such details include the individual onto which the application was served, his or her authority to accept service, his or her contact details (if available), the mode of service, and the time of service.

Please send this application and the subsequent Affidavit of Service to the Registrar of the ITNJ via email to: [registrar@itnj.org](mailto:registrar@itnj.org).

If your application is successful, the Registrar will ask that a hard copy be sent via post.

To cover the costs of processing your application, the ITNJ requires payment of 1000GBP. If you would like to make a payment in foreign currency, please contact the Registrar via email to: [registrar@itnj.org](mailto:registrar@itnj.org). Payment is due in 30 days of filing of your application. If such payment is not made within such time, the ITNJ may exercise its discretion to withdraw your application.

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