Form 62

APPLICATION FOR REDACTION OF INFORMATION

IN THE COMMUNITY DISPUTES RESOLUTION TRIBUNALS

Date: _____

Application No: _____ **(for official use only)**

1. I, _____, bearing Identification Number
_____, the *Plaintiff / Respondent in Case No.
_____, am applying for the following information to be redacted from the
documents that are to be served on the *Respondent / Plaintiff:

S/n	Document (including page / paragraph no.)	Information to be redacted	Reason for redaction
1			
2			

2. I declare that the information that I have provided in this application and the supporting
documents is true and correct. I am aware that I am liable to prosecution if I have provided
in this application and the supporting documents any information which I know or have
reason to believe is false.

_____

 Signature of *Plaintiff / Respondent

EXPLANATORY NOTE TO THE APPLICANT

The Name and Residential Address of the Plaintiff / Respondent shall NOT be redacted.

 IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

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* *Delete where inapplicable*