

**IN THE HIGH COURT OF THE
HONG KONG SPECIAL ADMINISTRATIVE REGION
COURT OF FIRST INSTANCE**

* (a) **ACTION / MISCELLANEOUS PROCEEDINGS / BANKRUPTCY**
NO. HCAL 469 OF 2025

BETWEEN

EL BOURICHI ADIL

Applicant

And

Torture Claims Appeal Board / Non-refoulement Claims Petition Office

Respondent(s)

*** Affidavit/Affirmation**

I ^(d) EL BOURICHI ADIL of ^(e) Room E, 8/F, 123 Tam Kung Road, Kowloon City, Hong Kong, make oath and say as follows:

I want to submit the following additional documents to support my application for leave to apply for judicial review, case number HCAL 469/2025:

Exhibit I: "An Additional Remark about the Torture Claims Appeal Board's Decision", 1 page.
Exhibit J: An online petition, 2 pages.

I make this affidavit in support of the application for leave to apply for judicial review, case number HCAL 469/2025 filed on 20 February 2025. The facts deposed to herein are true to the best of my knowledge, information and belief save where otherwise stated.

And I make oath and say/solemnly and sincerely affirm* that the contents of this affidavit/affirmation* are true.

(signature of deponent/affirmant*)

Footnotes:

* Delete whichever is inapplicable

(1) or to fill in details which appear on the originating document.

(2) if necessary, attach to it the relevant documents numbered and listed in chronological order as exhibit(s).

(3) If the space here is insufficient, blank paper may be used and attached to this affirmation / affidavit.

The last paragraph and the jurat should appear at the end of the last page.

SWORN /AFFIRMED* at the Courts of Justice, Hong Kong Special Administrative Region

this day of 20 .

Before me,

Commissioner for Oaths
Judiciary

This affirmation is filed on behalf of the *Plaintiff(s) / Defendant(s).

*HCA/ HCMP/ HCB No. _____ OF 20____

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***ACTION / MISCELLANEOUS PROCEEDINGS / BANKRUPTCY
NO. _____ OF 20_____**

BETWEEN

Plaintiff(s)

AND

Defendant(s)

***AFFIDAVIT / AFFIRMATION**
OF [_____]

Filed on theday of, 20

Name: _____

*Plaintiff(s) / Defendant(s) in person

Address for Service: _____
