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UPPER TRIBUNAL ADMINISTRATIVE APPEALS CHAMBER

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Judi	icial	Rev	iev	V
Acknowle	dgen	nent d	of S	ervice

Please

Use black ink and complete the form in CAPITAL LETTERS. Use another sheet of paper if there is not enough space for you to say everything. (Please put your full name at the top of the sheet.)

Upper Tribunal Reference No.	
Applicant(s) (including ref.)	
Respondent(s)	
Interested Parties	

SECTION 1

Please tick the appropriate box

- 1. I intend to oppose all of the application for permission.
- 2. I intend to oppose part of the application for permission.
- 3. I do not intend to oppose the application for permission.
- 4. The respondent (interested party) is a tribunal and intends to make a submission.
- 5. The respondent (interested party) is a tribunal and does not intend to make a submission.

	Complete sections 2, 3, 4	ŀ
┙	and 5	

Complete sections 2, 3, 4 and 5

Complete section 5

Complete sections 2, 3 and 5

Complete sections 2 and 5

Note: If the application seeks to judicially review the decision of a tribunal, the tribunal need only provide the Upper Tribunal with as much evidence as it can about the decision to help the Upper Tribunal to perform its judicial function.

SECT	ION	l 2.
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Name

msen me nam	ie and address di	any person yo	iu consider should	a de added as al	i iliteresteu party

Address

Telephone Fax No. No.

E-mail address

Name

Address				
Telephone No.		Fax No.		
E-mail address				
only part of t	Summary of grounds for opposing to the application set out which part before a submission, please indicate that this	you give your gro	r permission. If you unds for opposing. I	are opposing f you are a

SECTION the indic	N 4.Give date that a	letails of any dir separate applic	ection: ation r	s you will be as notice is attache	king the Upper	Tribunal to ma	ake, or tick
		Set out below		attached			

SECTION 5.	
*Delete as appropriate	*(I believe) (the respondent/interested party believes) that the facts stated in this form are true. *I am duly authorised by the respondent/interested party to sign this statement.
Signed (to be signed by or your representative)	firm or company or
Date	
Give an addre	ess to which notices about this case can be sent.
Name	
Address	
_	
Telephone No.	Fax No.
E-mail address	
AFTER YOU	HAVE COMPLETED THIS FORM– please send it to
3 rd floo 55 Luc	pper Tribunal (Administrative Appeals Chamber), or, Procession House, Igate Hill, n, EC4M 7JW.
	I let you know when they have received this form. Contact the Upper Tribunal office if you ithin a week that the form had been received.