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| PERMISSION TO APPEAL / APPEAL NOTICE |
| **FOR COURT USE ONLY**  |
| Appeal Court Ref. | Click here to enter text. |  |
| Date Filed | Click here to enter text. |
| \*Notes for guidance are available which will help you complete this form. Please read them carefully before you complete each section. |
| **SECTION 1 - DETAILS OF THE PARTIES** |
| * Details of the party making the application (**‘The Applicant’**)
 |
| **Full Name** | Click here to enter text. |
|  | **Nationality** | Click here to enter text. |
| **Address** | Click here to enter text. | **ID No.** | Click here to enter text. |
| **ID Type** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| * Details of the Respondent to the appeal (if permission is granted)
 |
| **Full Name** | Click here to enter text. | **Nationality** | Click here to enter text. |
|  | **ID No.** | Click here to enter text. |
| **Address** | Click here to enter text. | **ID Type** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **SECTION 2 – DETAILS OF THE CASE YOU ARE SEEKING PERMISSION TO APPEAL AGAINST** |
| Case No. | Click here to enter text. |
| **Who made the decision you are seeking permission to appeal against? (tick appropriate box)** |
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|  | The Civil and Commercial Court (Court of First Instance) |
|  | The Regulatory Tribunal  |

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| **What is the date of the decision you wish to appeal?** | Click here to enter a date.  |
| **Will your application seeking permission to appeal be filed within the time limit prescribed by Article 35.3 of the Court’s Regulations and Procedural Rules?** |
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|  | Yes |
|  | No; please explain why your application is late and why it is in the interests of justice for the Court to consider the application out of time: |

 |
| Click here to enter text. |
| **Have you made a previous application seeking permission to appeal this decision?** |
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|  | No |
|  | Yes; please provide details. Please note that any decision to refuse permission to appeal is final. |

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| Click here to enter text. |

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| **SECTION 5 - LEGAL REPRESENTATION** |
| **Are you legally represented?** |  | Yes |  | No |
| * Please provide the following further information (if applicable):
 |
| **Solicitor’s Name** | Click here to enter text. |
| **Solicitor’s Address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Reference No.** **(if applicable)** | Click here to enter text. |
| **Counsel/Advocate’s name (if known and if different from the above)** | Click here to enter text. |
| **Counsel/ Advocate’s Address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Reference No. (if applicable)** | Click here to enter text. |

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| **SECTION 4 – GROUNDS FOR SEEKING PERMISSION TO APPEAL/GROUNDS OF APPEAL** |
| **Please state below, in numbered paragraphs, why you are saying that there are substantial grounds for considering that a Judgment or decision of the Court or Regulatory Tribunal is erroneous and that there is a significant risk that it will result in serious injustice. If you are arguing that the Regulatory Tribunal has made a determination in relation to its jurisdiction and that there is a dispute in relation to that determination, please explain why you say that is so.****You may, if you wish, provide your reasons on a separate piece of paper. If you do so, please ensure that your document is entitled ‘Notice of Appeal’ and that your paragraphs are numbered. Please also ensure that any separate documents also include your full name and case number.** |
| Click here to enter text. |
| **SECTION 5 – OTHER APPLICATIONS** |
| **Applications seeking permission to appeal will generally be dealt with on the papers unless the Court directs otherwise. If you are applying for permission to appeal and believe that your application requires an oral hearing, please explain why you believe this to be the case.** |
| Click here to enter text. |
| **If you are granted permission to appeal, or if you have already been granted permission to appeal, are you content for the appeal to be considered on paper?** |
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|  | Yes |
|  | No;  |

**Please be advised that an appeal shall be by way of review of the Court of First Instance/Regulatory Tribunal’s decision and shall not be by way of re-hearing. As such, and as a general rule, no new evidence will be considered at the appeal and thus should not be submitted. Further evidence will only be considered in exceptional circumstances and only with the permission of the Court. If you do wish to rely upon further evidence, please indicate the nature of that evidence below and explain why it was not made available before the Court of First Instance or Regulatory Tribunal.** |
| Click here to enter text. |

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| **SECTION 6 - ACKNOWLEDGEMENTS AND STATEMENT OF TRUTH** |
| I acknowledge that:1. Any decision to refuse permission to appeal is final;
2. If I have submitted any additional sheets of paper along with this Notice, such paper must include my full name and case number;
3. An appeal, whether from a judgment of the Court of First Instance or from a decision or determination of the Regulatory Tribunal, shall be by way of review and shall not be a rehearing;
4. The Appellate Division of the Court shall be able to make any decision or order that could have been made by the Court of First Instance or Regulatory Tribunal;
5. The Court has the power to make such order as it thinks fit in relation to the issue of costs but that the general rule shall be that the unsuccessful party pays the costs of the successful party; and
6. That the decisions of the Appellate Division of the Court are final and may not in any way be appealed further.
7. I have read and understood the corresponding Notes for Guidance prior to completing this form.
 |
| **STATEMENT OF TRUTH** |
|[ ]  I believe that the facts stated in this Permission to Appeal / Appeal Notice are true and I acknowledge and understand the points listed above. |
|[ ]  The Applicant believes that the facts stated in this Permission to Appeal/ Appeal Notice are true and the Applicant acknowledges and understands the points listed above. I am duly authorised on behalf of the Applicant to sign this form. |
| **Full Name** | Click here to enter text. |
| **Name Of Applicant’s Solicitor’s Firm (If Applicable)** | Click here to enter text. |
| **Signed** | **Position or Office Held** |
|  | Click here to enter text. |
| \*(Applicant/Applicant's Solicitor) | \*(if signing on behalf of a firm or company) |
| **Date:** Click here to enter a date. |  |