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| RESPONDENT’S NOTICE | | | |
| **FOR COURT USE ONLY** | | | |
| Case No. | 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** | | | |
| * Please provide details below. | | | |
| **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 party who is making the application (‘The Applicant’) | | | |
| **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 – CONTESTING THE JURISDICTION OF THE COURT** | | | |
| **Are you contesting the jurisdiction of the court? (tick appropriate box)** | | | |
| |  |  | | --- | --- | |  | No (continue to section 3) | |  | Yes (provide details below and then move on to section 4) | | | | |
| If you are contesting the jurisdiction of the Court, please provide details below as to why you say the Court does not have jurisdiction to hear the case against you. You do not need to complete sections 3-6 but do need to ensure that you include any supporting evidence when filing this response with the Registry and serving it on the Claimant. | | | |
| Click here to enter text. | | | |

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| **SECTION 3 – RESPONDING TO THE APPLICATION** | | | | | | |
| **Are you content for the Court to grant the Applicant’s application in the manner sought? (tick appropriate box)** | | | | | | |
| |  |  | | --- | --- | |  | Yes | |  | No | | | | | | | |
| If you have indicated ‘no’, please explain below why you do not wish the Court to grant the application. Please set out briefly any facts relied upon and attach to this Respondent’s Notice any documents that are of particular importance. Please also identify any law (such as QFC Law or Regulations) which you consider relevant to your case. | | | | | | |
| Click here to enter text. | | | | | | |
| **SECTION 4 – SUPPORTING DOCUMENTATION** | | | | | | |
| If you are submitting any additional documentation along with this Respondent’s Notice, please list the documents below and, if you have not already done so in Section 3, briefly explain why you are relying upon them. | | | | | | |
| Click here to enter text. | | | | | | |
| **SECTION 5 – EXTENSIONS OF TIME** | | | | | | |
| If you wish to contest the jurisdiction of the Court, you must notify the Registry and the Ap­plicant (using this form) within 14 days of service on you of the Application Notice. Otherwise, you must file and serve a copy of this Notice on the Registry and the Claimant within 28 days of service (or deemed service) of the Application Notice. If you are responding out of time, you must explain why your response is late and why it would be in the interests of justice for the Court to consider it. | | | | | | |
| Click here to enter text. | | | | | | |
| **SECTION 6 - 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 7 - LANGUAGE** | | | |
| **Proceedings before the Court will usually be conducted in English; however parties before the Court shall be entitled to conduct proceedings in Arabic if they wish to do so. Please state below whether you wish to have your case conducted in English or in Arabic (tick appropriate box).** | | | |
|  | English |  | Arabic |

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| **SECTION 8 – SERVICE OF RESPONDENT’S NOTICE** |
| **Have you served a copy of this application notice on the other party? (tick appropriate box)** |
| |  |  | | --- | --- | |  | Yes - If **Yes**; please provide details of who you served it on, when you served it and by what method. | |  | No - If **No**; please explain why you have not served this application on the other party and state when you plan to do so. | |
| Click here to enter text. |

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| **SECTION 9 - ACKNOWLEDGEMENTS AND STATEMENT OF TRUTH** | | |
| I acknowledge that:   1. It is not the responsibility of the Court to serve a Respondent’s Notice on any other party. That respon­sibility lies with the Respondent; 2. To constitute valid service, a Respondent’s Notice (and any documents relied upon as part of the response), must be served in accordance with Article 18.3 of the Court’s Regulations and Procedural Rules; 3. Any person who is served with an Application Notice should respond to that application (using this form) within 28 days (unless the jurisdiction of the Court is being challenged in which case the period for responding will be 14 days) of its service or within such other period as the Registrar or Judge directs; and 4. Upon the determination of any application and/or claim, the Court has the power to make such orders 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. 5. 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 Respondent’s Notice are true and I acknowledge and understand the points listed above. | |
|  | The Respondent believes that the facts stated in this Respondent’s Notice are true and the Respondent acknowledges and understands the points listed above. I am duly authorised on behalf of the Respondent to sign this form. | |
| **Full Name** | Click here to enter text. | |
| **Name Of Respondent’s Solicitor’s Firm (If Applicable)** | Click here to enter text. | |
| **Signed** | | **Position or Office Held** |
|  | | Click here to enter text. |
| \*(Respondent/Respondent's Solicitor) | | \*(if signing on behalf of a firm or company) |
| **Date:** Click here to enter a date. | |  |