

Application notice

For help in completing this form please read the notes for guidance form N244Notes.



In the	COURT OF APPEAL
Claim no.	A2/2015/2839 AND 3SA90091
Warrant no. (if applicable)	
Claimant's name (including ref.)	STEPHANE PARIS + ANGEL GARDEN
Defendant's name (including ref.)	ANDREW LEWIS MELANIE BYNG
Date	4-10-16

1A

1. What is your name or, if you are a legal representative, the name of your firm?

2. Are you a Claimant Defendant Legal Representative
 Other (please specify)

If you are a legal representative whom do you represent?

3. What order are you asking the court to make and why?

SET ASIDE JUDGMENT OF HHJ SEYS (LEWELL) inc COSTS 4/2/15 AND 6/8/15 IN CASE 3SA90091. ALLOW RE-INTRODUCTION OF CLAIMS + RE-OPEN APPEAL A2/2015/2839

4. Have you attached a draft of the order you are applying for? Yes No

5. How do you want to have this application dealt with? at a hearing without a hearing
 at a telephone hearing

6. How long do you think the hearing will last? Hours Minutes
 Is this time estimate agreed by all parties? Yes No

7. Give details of any fixed trial date or period

8. What level of Judge does your hearing need?

LORD JUSTICE

9. Who should be served with this application?

AS PER ATTACHED COA LETTER

9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.

10. What information will you be relying on, in support of your application?

- the attached witness statement
- the statement of case
- the evidence set out in the box below

If necessary, please continue on a separate sheet.

THE ENCLOSED TWO BUNDLES AS PER ATTACHED LETTER FROM COURT OF APPEAL

Statement of Truth

(I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true.

Signed

Applicant('s legal representative)'s litigation friend)

Dated

9/10/16

Full name

Name of applicant's legal representative's firm

Position or office held

(if signing on behalf of firm or company)

11. Signature and address details

Signed

Dated

Applicant('s legal representative)'s litigation friend)

Position or office held

(if signing on behalf of firm or company)

Applicant's address to which documents about this application should be sent

9 LOW BRUNGWYN
SKETTY
SWANSEA
Postcode
SA2 0TY

If applicable	
Phone no.	
Fax no.	
DX no.	
Ref no.	

E-mail address

anmletters@gmail.com