

Application notice

(Upper Tribunal Immigration and Asylum Chamber)

Upper Tribunal Immigration and Asylum Chamber	UTIAC No.
Name of Applicant	
Name of Respondent	
Help with Fees - Ref no. (if applicable)	H W F - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part A

Full name of applicant or your representative

Applicant Respondent Litigation friend

State briefly the nature of the order sought and the reason it is sought including the material facts relied on and identifying any rule or statutory provision.

This application will be heard before a Judge of Upper Tribunal

Date and time of hearing

Date

 / /

Time

 :

am/pm

Part B

What do you wish to reply on?

- the attached Witness Statement/Affidavit
- my statement of case
- the evidence in Part C on reverse of this application

Full name

Signed

(Applicant) (Applicant's representative)
(Litigation friend)

Position or office held

(If signing on behalf of firm or company)

Date

 / /

Part C – Evidence

Statement of Truth – (to be signed when part C is completed)

*(I believe) (The applicant believes) that the facts stated in this claim form are true.

*I am duly authorised by the applicant to sign this statement.

Full name _____

Name of applicant's representative's firm _____

Signed _____ Position or office held _____

*(Applicant)(Litigation friend)(Applicant's representative)

(if signing on behalf of firm or company)

*Delete as appropriate

To: Respondent/Respondent's representative's address,
DX or email

name _____

address _____

Telephone no. _____

Fax no. _____

E-mail address _____

Ref. no. _____

To: Applicant/Applicant's representative's address,
DX or email

name _____

address _____

Telephone no. _____

Fax no. _____

E-mail address _____

Ref. no. _____