

Section 1

Personal Information

<b>A</b>	Home Office reference number
<b>B</b>	NOMS number (if applicable)
<b>C</b>	Your surname or family name. Please use CAPITAL LETTERS
<b>D</b>	Your other names
<b>E</b>	Address where you are detained
<b>F</b>	Your date of birth <b>(give as day/month/year)</b>
<b>G</b>	Are you male or female?
<b>H</b>	Nationality (or nationalities) or citizenship
<b>I</b>	Date of arrival in the United Kingdom
<b>J</b>	Do you have a representative?

Postcode	
(day)	/ (month) / (year)
Male <input type="checkbox"/>	Female <input type="checkbox"/>
(day)	/ (month) / (year)
No <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, your representative should complete Section 7 on page 4.

Section 2

About your application

<b>A</b>	Do you have an appeal or review pending before the Commission?
<b>B</b>	Have you lodged a bail application before?
	If yes, have you been refused bail at a hearing within the last 28 days?
<b>C</b>	The address where you plan or the Home Office have provided for you to live, if your bail application is granted.
<b>D</b>	Are directions for your removal from the United Kingdom currently in force?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is the appeal number, if you know it?	
No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is the bail number, if you know it?	
No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, what was the date of that hearing?	/ /
Town			
Post code			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	If so, what date is removal to take place?	/ /

Section 3		Personal Information	
<b>A</b>	<b>Recognizance</b>	I agree to be bound to a recognizance of £	
<b>B</b>	<b>Deposit</b> – applies to bail applications in Scotland only	If bail is granted, I will pay a deposit of £	
<b>C</b>	<p><b>Electronic monitoring</b> – if bail is granted and electronic monitoring is considered an appropriate condition of bail, you will remain in detention until such times as the Home Office have arranged for you to be electronically monitored, but not exceeding 2 working days after the date on which bail is granted.</p> <p>If appropriate, do you consent to the above?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<b>D</b>	Applicant's signature and date	/ /	
<b>E</b>	Name of the Applicant. Please use CAPITAL LETTERS		
Section 4		About your sureties/cautioners (if any)	
		Surety 1	Surety 2
<b>A</b>	Surname or family name. Please use CAPITAL LETTERS.		
<b>B</b>	Other names		
<b>C</b>	Address		
		Postcode	Postcode
<b>D</b>	Telephone number		
<b>E</b>	Relationship to the Applicant		
<b>F</b>	Immigration Status		
<b>G</b>	Occupation		
<b>H</b>	Recognizance/Deposit	£	£
<b>I</b>	Date of birth		
<b>J</b>	Nationality (or nationalities) or citizenship held		
<b>K</b>	Passport number(s) (if more than one nationality is held)		

<b>Notice to the Applicant</b>	Please ensure that you and your surety/ies bring to the bail hearing: passports, bank statements and other financial documents necessary for the grant of bail.
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<b>Section 5</b>	<b>The grounds on which you are applying for bail</b>
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|--|---|
|  | <ul style="list-style-type: none"> <li>• In this section you must set out all the reasons why you think you should be released.</li> <li>• <b>If you have had a previous application for bail refused, you <u>must give full details</u> of any additional grounds or change in circumstances since then.</b></li> <li>• <b>If that refusal was within the last 28 days, the application you are now making will be dismissed without an oral hearing unless you can show that there has been a material change of circumstances.</b></li> <li>• Give as much detail as possible: use additional sheets of paper if you need to, and attach them to this form.</li> </ul> |
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In this box, give all the reasons why you think you should be released. Alternatively you may attach additional sheets with your grounds. Any sheets must be headed with the Applicant's name and SIAC reference number.

<b>Section 6</b>	<b>At the hearing of your application</b>
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<b>A</b> Will you or your surety need an interpreter?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, which language will be needed?
	Language	
	Dialect (if required)	
<b>B</b> If you or your legal representative has a disability, please explain any special arrangements needed for the hearing.		

<b>C</b>	<p>The hearing in respect of this bail application may be conducted by a video link during which you will remain in the place of detention. Where exceptional circumstances exist and it is considered that you are unable to use the video link medium, please provide those reasons in this box for consideration by the Judge. <i>An appropriate member of the judiciary will decide whether the application will be heard in person or by video link. Parties will be informed of this decision when the case is listed.</i></p>	
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**Section 7**

**Representation**

If you have a representative, he or she must complete this section.

<b>A</b>	<p><b>Declaration by the Representative</b></p>	<p>I, the representative, am making this application in accordance with the Applicant's instructions.</p>	
	<p>Representative's signature and date.</p>		/ /
<b>B</b>	<p>Name of the representative. Please use CAPITAL LETTERS.</p>		
<b>C</b>	<p>Name of the representative's organisation.</p>		
<b>D</b>	<p>Postal address of the organisation.</p>		
		Town	
		Postcode	
<b>E</b>	<p>Reference for correspondence</p>		
<b>F</b>	<p>Telephone number</p>		
<b>G</b>	<p>Mobile number</p>		
<b>H</b>	<p>Fax number</p>		
<b>I</b>	<p>Email address</p>		

<b>J</b>	Has the Applicant been granted publicly funded legal representation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Please provide the LSC reference if applicable:
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**Notice to representatives**

You must notify SIAC and other parties, if you cease to represent the Applicant. If the Applicant changes representative, details of the new representative should be sent to the same address to which you are sending this form providing the **Applicant's full name, address, and Home Office reference number.**

<b>Section 8</b>	<b>Declaration by Applicant</b>
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If you are the Applicant and you are completing this form yourself, you must complete the declaration.

<b>A</b>	<b>Declaration by the Applicant</b>	I, the Applicant, believe that the facts stated in this application are true.	
	Applicant's signature and date.		/ /
<b>B</b>	Name of the Applicant. Please use CAPITAL LETTERS.		

<b>Section 9</b>	<b>When you have completed the form</b>
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What to do next

Keep a copy of this form for your own use. Send or deliver the original form to SIAC:

**Postal address:** The Special Immigration Appeals Commission, PO Box 36469, London, EC4A 1WR

**Fax number:** 01264 785 091

**Email:** [siac.poacoffice@hmcts.gsi.gov.uk](mailto:siac.poacoffice@hmcts.gsi.gov.uk)

Data Protection statement

Information, including personal details, provided in this form will not be used by the Special Immigration Appeals Commission for purposes other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes.