**Form CFI 12A**

**Rules 64 and 72**

**Application Notice (Pre-Claim Interim Remedy)**

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| **Court of First Instance** |
| **Division\*** | [select division]  |

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| **Title of Intended Proceedings** |
| **[First] Claimant in intended claim\*** | [full name] |
| [Second Claimant in intended claim] [number of Claimants (if more than two)] | [#full name #number (refer to Party Details at rear for full list of parties)] |
| **[First] Defendant in intended claim\*** | [full name] |
| [Second Defendant in intended claim] [number of Defendants (if more than two)] | [#full name #number (refer to Party Details at rear for full list of parties)] |

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| **Filing Details**  |
| **Filed for\*** | [name of claimant(s) in intended claim] |
| **Legal representative** | [name] |
| **Firm** | [name of firm] |
| **Firm reference** | [reference number] |
| **Contact name\*** | [name] |
| **Contact telephone\*** | [telephone] |
| **Contact email\*** | [email address] |

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| **Defendant(s) Address for Service if Defendant is within the United Arab Emirates** |
| **For individuals** |
| [provide the home and/or work address for service for each defendant][provide email address and mobile telephone number for service for each defendant] |
| **For companies** |
| [provide the registered office address or the address of any place of the defendant’s business which has a real connection with the claim for service for each defendant][provide email address and mobile telephone number for service for each defendant] |

| **Orders sought\*** |
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| [set out the orders sought from the court] |

| **Witness Statement or Affidavit evidence in support of application\*** |
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| [list and attach all witness statements (**Form CFI 15**) or affidavits (**Form CFI 14**) to be relied upon in support of the application] |

| **Undertaking to commence proceedings\*** |
| --- |
| [an undertaking must be provided to the Court to file a claim within 2 days of the issuing of this application notice by the court] |

| **Hearing request\*** |
| --- |
| [state whether the applicant seeks a without notice hearing of the application and the reasons] |

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| **SIGNATURETHE ADGM ECOURTS PLATFORM CAN READ THE CONTENTS OF WORD FORMS CONVERTED TO PDF.** **SCANNED FORMS CANNOT BE READ BY THE PLATFORM. THIS MEANS THAT IF YOU UPLOAD A SCANNED FORM, YOU WILL NEED TO RE-ENTER THE INFORMATION INTO THE ONLINE FORM.** **DO NOT PRINT AND PHYSICALLY SIGN THE SECTION BELOW. THE ONLINE FORM WILL PROMPT YOU FOR YOUR ELECTRONIC SIGNATURE.** |

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| ***YOU WILL BE REQUIRED TO SIGN AS FOLLOWS IN THE ONLINE FORM******Signature of legal representative***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Applicant if not legally represented***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Capacity (if not legal representative or party)*** *[e.g. authorised officer]****Date of signature*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

| **Notice to Applicant** |
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* Unless this application is filed without notice:
	+ the Registry will serve the claim form on any party to this claim who is to be served inside the United Arab Emirates.
	+ **it is the responsibility of the claimant to serve the claim form on any party to this claim who is to be served outside the United Arab Emirates**.
* Your attention is drawn to the methods of service set out in Part 4 of the ADGM Court Procedure Rules 2016 and **Practice Direction 6**.

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| **Notice to Person(s) affected by orders sought** |
| * If this application has been made upon notice and you do not attend the hearing, the court may hear the application and make orders, including orders for costs, in your absence.
 |

*[separate page]*

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| **Party Details** |

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| **Claimant(s) in intended claim** |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| *(for additional Claimant(s), please fill out the section below for each Claimant)* |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |

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| **Claimant(s) Contact Details** *(complete if self-represented or by authorised officer as applicable)* |
| **Name of authorised officer** | [name] |
| **Capacity to act for Claimant** | [e.g. Director] |
| **Address for service\*** | [address] |
| **Telephone\*** | [telephone] |
| **Email\***  | [email address] |

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| **Claimant(s) Legal Representative** *(complete if legally represented)* |
| **Name** | [name] |
| **Firm** | [name of firm] |
| **Address of Firm** | [address of firm] |
| **Contact person** | [contact person] |
| **Email** | [email address] |
| **Telephone** | [telephone] |
| **Firm Ref** | [firm reference] |

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| **Defendant(s) in Intended Claim** |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| **Email** | [email address] |
| *(for additional Defendant(s), please fill out the section below for each Defendant)* |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| **Email** | [email address] |