**Form CFI 25**

**Rules 250 and 251**

**Enforcement Application under ADGM Enactment**

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| --- |
| **Court of First Instance** |
| **Division\*** | **Commercial and Civil** |
| **Case number** |  |

|  |
| --- |
| **Title of Proceedings** |
| **[First] Applicant\*** | [full name] |
| [Second Applicant] [number of Applicants (if more than two)] | [#full name #number (refer to Party Details at rear for full list of parties)] |
| **[First] Respondent\*** | [full name] |
| [Second Respondent] [number of Respondents (if more than two)] | [#full name #number (refer to Party Details at rear for full list of parties)] |

| **Nature of Application** |
| --- |
| **Rule\*** | [select rule] |

| **Details of decision or compromise** |
| --- |
| **Date made or given\*** | [insert date] |
| **Record of decision or compromise\*** |
| [attach copy of the decision or compromise] |
| **Relevant statutory provision\*** |
| [state provision of ADGM enactment under which the application is made] |
| **Amount outstanding (USD)** | [insert amount] |

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

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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*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

*[separate page]*

|  |
| --- |
| **Party Details** |

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

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

|  |
| --- |
| **Applicant(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] |

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