

RESPONSE

Please print clearly, preferably using a black pen.
If insufficient space, use separate numbered sheets. Sheets attached ().

Registry:

File No: /

Applicant: _____

AND

Respondent: _____

Particulars of Respondent(s)

Name

(If a company or firm,
include correct trading
name and ACN)

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Address

Postcode

Is this your address for service? **YES / NO**

--	--

Name of lawyer and firm, or agent

(If applicable)

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Business address

(If applicable)

Postcode

Is this your address for service? **YES / NO**

--	--

Address for service

(If not one of the
above)

Postcode

--	--

Telephone: _____

Facsimile: _____

Email: _____

DX: _____

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Response to claim

(Briefly describe your response to the claim made in the application)

The respondent disputes the following parts of the application:

And also relies on the following facts in response to the claim:

Orders sought

(Briefly describe the orders that you want)

Signature of respondent / lawyer / agent

Filed by (Name of firm) _____

Signature _____

Date / / _____

Filing details

(Tribunal use only)

Filed in the _____ Registry on / / _____

Registrar's signature _____

Seal

