

Application Notice



You should provide this information for listing the application

1. How do you wish to have your application dealt with
- a) at a hearing? } *complete all questions below*
 b) at a telephone conference?
 c) without a hearing? *complete Qs 5 and 6 below*
2. Give a time estimate for the hearing/conference
 _____(hours)_____(mins)
3. Is this agreed by all parties? Yes No
4. Give dates of any trial period or fixed trial date _____
5. Level of judge DISTRICT JUDGE
6. Parties to be served TWO DEFENDANTS

In the CENTRAL LONDON COUNTY COURT	
Claim no.	
Warrant no. (If applicable)	
Claimant (including ref.)	DR. LYMAN W. YUAN
Defendant(s) (including ref.)	(1) GOLDEN EAGLE INTERNATIONAL LTD AND (2) MRS. OMEIMAH ORIBI
Date	25 SEPTEMBER 2006

Note You must complete Parts A and B, and Part C if applicable. Send any relevant fee and the completed application to the court with any draft order, witness statement or other evidence; and sufficient copies for service on each respondent.

Part A

1. Enter your full name, or name of solicitor I (We)⁽¹⁾ THE CLAIMANT (on behalf of)(the claimant)(the defendant)
2. State clearly what order you are seeking and if possible attach a draft I intend to apply for an order (a draft of which is attached) that⁽²⁾ CLAIMANT SHALL HAVE PERMISSION TO AMEND THE CLAIM FORM AND PARTICULARS OF CLAIM because⁽³⁾
3. Briefly set out why you are seeking the order. Include the material facts on which you rely, identifying any rule or statutory provision THE AMENDED CLAIM FORM AND PARTICULARS OF CLAIM (SEE THE ATTACHMENT) WOULD BETTER MEET THE REQUIREMENTS IN LAW

Part B

- I (We) wish to rely on: *tick one box*
- the attached (witness statement)(affidavit) my statement of case
4. If you are not already a party to the proceedings, you must provide an address for service of documents evidence in Part C in support of my application

Signed

(Applicant)(’s Solicitor)(’s litigation friend)

Position or office held

(if signing on behalf of firm or company)

Address to which documents about this claim should be sent (including reference if appropriate)⁽⁴⁾

Tel. no.	Postcode	if applicable	
		fax no.	
		DX no.	
		e-mail	

The court office at

is open from 10am to 4pm Monday to Friday. When corresponding with the court please address forms or letters to the Court Manager and quote the claim number.

Part C

Claim No.

I (We) wish to rely on the following evidence in support of this application:

I BELIEVE THAT DDJ ILLER WOULD BE THE PROPER JUDGE TO DEAL WITH THIS APPLICATION BECAUSE HE IS FAMILIAR WITH THIS CASE.

Statement of Truth

*(I believe) *(The applicant believes) that the facts stated in Part C are true

**delete as appropriate*

Signed

(Applicant)(’s Solicitor)(’s litigation friend)

Position or office held

(if signing on behalf of firm or company)

Date

