



Matter No:

/ /

## Form 1 - Parties List

seal

### Information

- Use this form to provide details of any additional named parties to an application/claim. **Use a new form for each additional party.**
- Please read this form carefully and complete all relevant sections.

**First Applicant/Appellant/  
or Claimant**

v

**First Respondent or  
Defendant**

### Additional Party Details [use a new form for each additional party]

Additional Applicant/Appellant/Claimant number:

[second/third/fourth etc]

Additional Respondent/Defendant number:

[second/third/fourth etc]

**Name of Party:**

**Name of contact person:**

**Postal/Service address:**

Suburb/Town

Postcode

**Phone number:**

**Mobile number:**

**Email address:**

### Party representative [if applicable]

**Organisation:**

**Name of contact person:**

**Postal/Service address:**

Suburb/Town

Postcode

**Phone number:**

**Mobile number:**

**Email address:**