

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



CIVIL DISPUTE APPLICATION

*s16 ACT Civil and Administrative Tribunal Act 2008

APPLICANT'S DETAILS

Name		
Address line 1		
Address line 2		
Telephone	Email:	Fax:
If a corporation:		
ACN/ABN		
Address of registered officer/public officer		

APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)

Name		
Address line 1		
Address line 2		
Telephone	Email:	Fax:

RESPONDENT'S DETAILS

Name		
Address line 1		
Address line 2		
If a corporation:		
ACN/ABN		
Address of registered officer/public officer		
Telephone	Email:	Fax:

