N244

	244	Name of court Royal Courts of Jus		Claim no.
Application notice		Queen's Bench Division		
For help in completing this form please read the notes for guidance form N244Notes.		Fee account no. (if applicable)	Help with Fee	s – Ref. no.
Fin	d out how HM Courts and Tribunals Service	PBA0087211	HWF-	
use	es personal information you give them en you fill in a form: https://www.gov.uk/	Warrant no. (if applicable)		
rib	vernment/organisations/hm-courts-and- unals-service/about/personal-information-	Claimant's name (including ref.) (1) 1 Leadenhall GP Limited (2) 1 Leadenhall Nominee Limited (3) Multiplex Construction Europe Limited		
SHE	arter			
		Defendant's name (including et) Persons Unknown entering8iFebr2022aining at the Construction SiteOat 1 Leadenhall > Street, London EC3V P2 without the Claimants' permission		
		Date	8 February Sub Eve	470 (100 (100 (100))
1.	What is your name or, if you are a legal representative, the	ne name of your firm?	Cub Lvc	III 15. 4
	Eversheds Sutherland (International)LLP			
2.	Are you a Claimant Defendar	t x Legal Repre	esentative	
	Other (please specify)	<u></u>		
	If you are a legal representative whom do you represent?	Claimants		
3.	What order are you asking the court to make and why?			
	(1) permission to issue against Persons Unknown;(2) an interim injunction to restrain trespass; and(3) an order for alternative service of the proceedings, application and Order.			
4.	Have you attached a draft of the order you are applying for	or? x Yes	No	
5.	How do you want to have this application dealt with?	x at a hearing	withou	ut a hearing
		at a telephor	ne hearing	
6.	How long do you think the hearing will last?	1 Hours	Mi	nutes
	Is this time estimate agreed by all parties?	Yes	No	
7.	Give details of any fixed trial date or period			
В.	What level of Judge does your hearing need?	High Court	Judge	
Who should be served with this application?		See paras (5) to (7) o	of the draft

	Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.	N/A
10.	What information will you be relying on, in support of your application	on?
	x the attached witness statement	
	x the statement of case	
	the evidence set out in the box below	
	If necessary, please continue on a separate sheet.	
	See attached Particulars of Claim.	

Statement of Truth

brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.				
I believe that the facts stated in section 10 (and any continuation sheets) are true.				
The Applicant believes that the facts stated in section 10 (and any continuation sheets) are true. I am authorised by the applicant to sign this statement.				
Signature Applicant Litigation friend (where applicant is a child or a Protected Party) Applicant's legal representative (as defined by CPR 2.3(1))				
Date				
Day Month Year				
08 02 2022				
Full name Stuart Sherbrooke Wortley				
Schart Sherbrooke Mortrey				
Name of applicant's legal representative's firm				
Eversheds Sutherland (Intl) LLP				
If signing on behalf of firm or company give position or office held				
Partner				

Applicant's address to which documents should be sent.

Building and street	
One Wood Street	
Second line of address	
Town or city	_
London	
County (optional)	
Postcode	
E C 2 V 7 W S	
If applicable	
Phone number	
020 7497 9797	
Fax number	
020 7919 4919	
DX number	
154280 Cheapside 8	
Your Ref.	
SW/NA/	
Email	
stuartwortlev@eversheds-sutherla	and.com

