

# Application notice

For help in completing this form please read the notes for guidance form N244Notes.

<b>Name of court</b> The High Court of Justice Chancery Division		<b>Claim no.</b> HC-2017-001496
<b>Fee account no.</b> (if applicable)	<b>Help with Fees - Ref. no.</b> (if applicable) <b>H W F</b> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
<b>Warrant no.</b> (if applicable)		
<b>Claimant's name</b> (including ref.) Jolyon Toby Dennis Maugham QC		
<b>Defendant's name</b> (including ref.) Uber London Limited		
<b>Date</b>		

1. What is your name or, if you are a legal representative, the name of your firm?

Edwin Coe LLP

2. Are you a  Claimant  Defendant  Legal Representative  
 Other (please specify)

If you are a legal representative whom do you represent?

Jolyon Toby Dennis Maugham QC

3. What order are you asking the court to make and why?

In the event of the claim failing or partially failing there will be no order for costs of the action to be paid by the Claimant to the defendant as the claim which is in the public interest cannot proceed without cost protection.

4. Have you attached a draft of the order you are applying for?  Yes  No

5. How do you want to have this application dealt with?  
 at a hearing  without a hearing  
 at a telephone hearing

6. How long do you think the hearing will last?  
 Hours  Minutes  
 Is this time estimate agreed by all parties?  Yes  No

7. Give details of any fixed trial date or period

8. What level of Judge does your hearing need?

9. Who should be served with this application?

9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.

10. What information will you be relying on, in support of your application?

- the attached witness statement
- the statement of case
- the evidence set out in the box below

If necessary, please continue on a separate sheet.

Please see attached

**Statement of Truth**

The applicant believes that the facts stated in this section (and any continuation sheets) are true.

Signed \_\_\_\_\_ Dated 26/05/2017  
Applicant's legal representative

Full name David Michael Greene

Name of applicant's legal representative's firm Edwin Coe LLP

Position or office held Senior Partner  
(if signing on behalf of firm or company)

11. Signature and address details

Signed  \_\_\_\_\_ Dated 26/05/2017  
Applicant's legal representative

Position or office held Senior Partner  
(if signing on behalf of firm or company)

Applicant's address to which documents about this application should be sent

Edwin Coe LLP  
2 Stone Buildings  
Lincoln's Inn  
London

Postcode 

W	C	2	A		3	T	H
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If applicable	
Phone no.	020 7691 4000
Fax no.	020 7691 4111
DX no.	DX 191 LDE CHANCERY LANE
Ref no.	DMG/GOO.63.1

E-mail address david.greene@edwincoe.com

**IN THE HIGH COURT OF JUSTICE  
CHANCERY DIVISION**

**CLAIM NO. HC-2017-001496**

**BETWEEN:**

**JOLYON TOBY DENNIS MAUGHAM QC**

**Claimant**

**-and-**

**UBER LONDON LIMITED**

**Defendant**

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**DRAFT ORDER**

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**UPON** the application of the claimant dated                    2017.

**AND UPON** hearing counsel for both parties and reading the documents recorded on the court file

**IT IS ORDERED THAT:**

1. In the event of the claim failing in part or whole there shall be no order for costs of the action to be paid by the Claimant to the Defendant.
2. Costs be provided for.

**DATED**