N244

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1 4 2				Name of cou	irt	Claim no.		
Application notice				High Court of Justice, KB	D, Media and Communica	tions List KB-2025-003209		
Application notice			Fee account (if applicable)	no.	Help with Fees – Ref. no. (if applicable)			
For help in completing this form please read the notes for guidance form N244Notes. Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter						HWF-		
				Warrant no. (if applicable)				
				Claimant's name (including ref.) Setu Kamal Defendant's name (including ref.) (1) Tax Policy Associates Limited (2) Dan Neidle				
1.	What is your r	name or, if you are a legal r	epresenta [.]	tive, the name	e of your firm	?		
	Good Law Pr				-			
2.	. Are you a Claimant Defend			dant	ant ✓ Legal Representative			
		Other (please specify)						
	If you are a le	gal representative whom d	o you repr	esent?	The Defend	dants		
3.	What order are you asking the court to make and why?							
	An order that the Claim Form and Particulars of Claim be struck out for being a SLAPP and/or pursuant to CPR 3.4(2)(c) and/or that parts of the Claim Form and Particulars of Claim be struck out pursuant to CPR 3.4(2)(a) and/or summary judgment on the whole of the claim. If the claim continues, security for costs.							
4.	Have you atta	sched a draft of the order yo	ou are app	olying for?	✓ Yes	☐ No		
5.	How do you w	ant to have this application	n dealt wit	th?	✓ at a hear	ing	ring	
					at a remo	ote hearing		
6.	How long do	you think the hearing will la	ast?		5 Hour	s Minutes		
	Is this time es	timate agreed by all partie	s?		Yes	✓ No		
7.	Give details o	f any fixed trial date or peri	od		None			
8.	. What level of Judge does your hearing need?			Judge				
9.	. Who should be served with this application?			Claimant				
9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.			To be served on Claimant by the Defendants					

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.
	This Application contains an Application for Summary Judgment under CPR 24. The Claimant's attention is drawn to CPR 24.5(1).
	The Defendants will rely on evidence including: (1) the Witness Statement of Matthew Gill and (2) the Witness Statement of Daniel Neidle.
	The Defendants believe the Claimant has no real prospect of succeeding on the claim and knows of no reason why the disposal of the claim should await trial.
	The Claimant's attention is drawn to their right to rely on evidence opposing the application (CPR 24.5(1) (f)).

vulnerable					
Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.					

Statement of Truth

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					
2 0 1 0 2 0 2 5					
Full name					
Matthew Gill					
Name of applicant's legal representative's firm					
Good Law Project Limited					
If signing on behalf of firm or company give position or office held					
Senior Associate					

I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a

Applicant's address to which documents should be sent.
Building and street
Good Law Project Limited
Second line of address
Town or city London
County (optional)
Postcode
If applicable
Phone number
Fax phone number
DX number
Verm Def
Your Ref. P045/DAN01/01
Email
Liliait