

## Application notice

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<b>Name of court</b> The High Court of Justice (King's Bench Division)		<b>Claim no.</b>	
<b>Fee account no.</b> (if applicable)		<b>Help with Fees – Ref. no.</b> (if applicable)	
PBA 0089012		H W F - <input type="text"/> <input type="text"/> <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.) WEST BERKSHIRE DISTRICT COUNCIL			
<b>Defendant's name</b> (including ref.) UK LAND HOLDINGS 1 LIMITED and others			
<b>Date</b>		18th December 2025	

- West Berkshire District Council Legal & Democratic Services

KB-2025-004667

2. Are you a ☐ Claimant ☐ Defendant ☒ Legal Representative ☐ Other (please specify) \_\_\_\_\_

Sub Event ID: 6

If you are a legal representative whom do you represent?

CLAIMANT

- Order to serve the First Defendant in the Isle of Man. As these are injunction proceedings permission of the Court is required under CPR 6.36 to serve the Claim Form and other documents.

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 remote 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? | HIGH COURT |
|--|------------|

- |  |                            |
|--|----------------------------|
| 9. Who should be served with this application? | UK LAND HOLDINGS 1 LIMITED |
|--|----------------------------|

- |   |  |
|---|--|
| <p>9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.</p> | <p>19-21 Circular Road, Douglas, Isle of Man, IM1 1AF and<br/>David Malcolm KAYE at 7 Holbrook Gardens, Aldenham, Watford, Hertfordshire, United Kingdom, WD25 8AB who is the person with significant control of the First Defendant</p> |
|---|--|

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.

As this matter relates to the service of an injunction we intend to apply for an order (wording is within the Order for an Interim Injunction) under CPR 6.37 to:

Granting permission to serve the claim form, order granting Interim Injunction and any other document in these proceedings on the first defendant out of the jurisdiction at their address in the Isle of Man at 19-21 Circular Road, Douglas, Isle of Man, IM1 1AF, on the grounds that:

- a. the land that the injunction is being sought over is within the jurisdiction and therefore any breach will be in the jurisdiction;
- b. that the claimant believes that the claim has a reasonable prospect of success;
- c. the first defendant is a necessary or proper party to the claim as they are the registered owner at HM Land Registry; and
- d. England and Wales is the proper place in which to bring the claim.

11. Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

☐ 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.

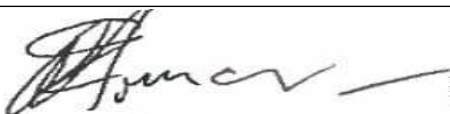
☒ No

## Statement of Truth

I understand that proceedings for contempt of court may be brought against a person 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

1 8

Month

1 2

Year

2 0 2 5

Full name

SHARON ARMOUR

Name of applicant's legal representative's firm

West Berkshire District Council Legal & Democratic Services

If signing on behalf of firm or company give position or office held

SOLICITOR-LEGAL SERVICES MANAGER

Applicant's address to which documents should be sent.

Building and street

COUNCIL OFFICES

Second line of address

MARKET STREET

Town or city

NEWBURY

County (optional)

Postcode

R	G	1	4	5	L	D
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If applicable

Phone number

01635 515555

Fax phone number

DX number

Your Ref.

10626

Email

legal.services@westberks.gov.uk