N244 **Application notice**

N2	244			Name of o	court		Claim no.
Α	pplicati	on notice			ourt of Justi Bench Divisi		QB-2022-001241/ 001259/001420
For help in completing this form please read the notes for guidance form N244Notes.		Fee account no. (if applicable)		Help with Fees – Ref. no. (if applicable)			
Find out how HM Courts and Tribunals Service uses personal information you give them			Warrant r	10.	HWF-		
gov trib	when you fill in a form: https://www.gov.uk/ government/organisations/hm-courts-and- tribunals-service/about/personal-information- charter			(if applicable) Claimant's name (including ref.) (1) Shell U.K. Limited (2) Shell (3) International Petroleton Company. Limited (3) Shell U.K. Oil Products Limited 356009.000001/Oldfield Defendant's name (including ref.) 13 Feb 2024 Persons Unknown (more fully described in the appropriate Clain Form) SENCH DIVISION			
				Date			2-001420
1.	What is your n	ame or, if you are a legal rep	resentative the	name of	vour firm?	Sub Eve	ent ID: 69
	-	Sutherland (Internati					
2.	Are you a	Claimant	Defendan	t	X Legal Repr	esentative	
		Other (please specify)					
	lf you are a leg	gal representative whom do ye	ou represent?		The Claiman	ts	
3.	What order are	e you asking the court to mak	e and why?				
	QB-2022-00 2. Providi QB-2022-00 3. Grantir	15 individuals arrest 01420 (the "Proposed I ing directions for tri 01259 and QB-2022-0014 ng permission to serve 01420 on certain named	Defendants" ial for eac 420) e this appl) h of the ication	e proceeding: and associat	s (QB-2022 ted docume	-001241,
4.	Have you attac	ched a draft of the order you a	are applying fo	r?	X Yes	No	

	An order: 1. Adding 15 individuals arrested as named defend QB-2022-001420 (the "Proposed Defendants") 2. Providing directions for trial for each of the QB-2022-001259 and QB-2022-001420) 3. Granting permission to serve this application QB-2022-001420 on certain named defendants by alt	e proceedings (QB-2022-001241, and associated documents relating to
4.	Have you attached a draft of the order you are applying for?	X Yes No
5.	How do you want to have this application dealt with?	at a hearing X 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 X No
7.	Give details of any fixed trial date or period	Review hearing to be fixed in April 2024. Injunction backstop of 23:50 on 12 May 2024
8.	What level of Judge does your hearing need?	Judge

- 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.

Proposed Named Defendants

See Schedule 1 of Draft Order provided

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

Х	the attached witness statement
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the statement of case

the evidence set out in the box below

If necessary, please continue on a separate sheet.

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.	
ΧΝο	

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

AJOIDARD

Applicant

Litigation friend (where applicant is a child or a Protected Party)

X Applicant's legal representative (as defined by CPR 2.3(1))

Date

Day	Month	Year	
12	02	2024	

Full name

Alison Oldfield

Name of applicant's legal representative's firm

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Eversheds Sutherland (Intl) LLP
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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

Bridgewater Place, Water Lane

Second line of address

Town or city

Leeds

County (optional)

Postcode

	5 D R
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If applicable

Phone number

020 7497 9797

Fax phone number

020 7919 4919

DX number

DX 12027 Leeds - 27

Your Ref.

356009.000001/Oldfield

Email

alisonoldfield@eversheds-sutherland.com