

DATE OF HEARING *(for office use only)*

This matter has been listed for hearing of the urgent stay
application at **am/pm** on _____
at Level 15, 111 Elizabeth Street, Sydney

Registrar _____

Date _____

REGISTRY DETAILS

Level 15, St James Centre, 111 Elizabeth St Sydney 2000
DX 1523 Sydney
Phone 02 9223 4677 Freecall 1800 060 410
Facsimile 02 9233 3283
TTY 02 9235 2674
www.lawlink.nsw.gov.au/adt