**Form CORP 2A Originating Process – Ex Parte**

Form CORP 2A

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| **To be inserted by Court** |  |
| Case Number:  Date Filed:  FDN: |  |
| **Hearing Date and Time:**  **Hearing Location:** | |

**ORIGINATING PROCESS – EX PARTE**

SUPREMECOURT OF SOUTH AUSTRALIA

CIVIL JURISDICTION

Corporations List

IN THE MATTER OF [*full name of corporation to which the proceeding relates and, if applicable, the words ‘(in liquidation)’, ‘(receiver appointed)’, ‘(receiver and manager appointed)’, ‘(controller acting)’, or ‘(under administration)’*]

ABN or ACN or ARBN: [*insert ABN or ACN or ARBN*]

**Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.**

First Applicant

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| --- | --- | --- | --- | --- | --- |
| Applicant | **Full Name including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)** | | | | |
| Name of law firm / solicitor  **If any** | **Law Firm** | | | **Solicitor** | |
| Address | **Street Address including unit or level number and name of property if required** | | | | |
| **City/town/suburb** | **State** | **Postcode** | | **Country** |
| **Email address** | | | | |
| Phone Details | **Type - Number** | | | | |

**Duplicate panel if multiple Applicants**

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| **Details of Application**  This Application is for  **State briefly the nature of the proceeding,**  This Application is made under [*section or other particular provision*] of the  **Delete inapplicable section below or mark applicable section below with an ‘x’.**  [ ] Corporations Act 2001 (Cth).  [ ] Australian Securities and Investments Act 2001 (Cth).  [ ] Cross-Border Insolvency Act 2008 (Cth).  [ ] Corporations Regulations 2001 (Cth).  [ ] [*other*].  On the facts stated in the supporting affidavit, the Applicant seeks the following orders:  **Orders sought in separately numbered paragraphs.**  1. |

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| **Accompanying Documents**  **Mark appropriate sections below with an ‘x’**  Accompanying service of this Application is a:  [ ] Supporting Affidavit (mandatory)  [ ] If other additional document(s) please list them below: |