

Application for an order to allow enforcement of a decision or ACAS conditional settlement (Form COT3) that requires permission to proceed

Name of court
Claim number
Applicant
Respondent

The applicant applies to enforce a

☐ decision Dated / /

☐ settlement Dated / /

(If settlement, go to section 1 - Applicants details)

and for an order that the respondent pay the costs of this application.

What is the name of the Tribunal
that granted your award.

Give the reference number of your decision

Please give details of the legislation that allows
you to enforce this decision

A copy of the decision or ACAS conditional settlement (Form COT3) is attached.

1. Applicant's details

Name of applicant

Applicant's address

Postcode

Telephone no.

Ref.

Email address

Address for service *(if different from opposite)*

Postcode

2. Respondent's details

Name of respondent

Respondent's address

Postcode

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