

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**ACCEPTANCE OF ADMISSION OF  
LIABILITY- CIVIL DISPUTE**

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APPLICANT'S DETAILS	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
If a corporation: ACN/ABN Address of registered officer/public officer	
APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
RESPONDENT'S DETAILS	
Name	
Address line 1	
Address line 2	
If a corporation: ACN/ABN Address of registered officer/public officer	
Telephone	Email: Fax:

## **Admission of liability**

To the Registrar:

I accept the terms on which the respondent has admitted liability in full satisfaction of my claim.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_