

Notice of Discontinuance

ACAT file number:

APPLICANT/S:

RESPONDENT/S:

NOTICE GIVEN BY:

- Applicant
- Other (Please specify:)

Take notice that the application against

Name

is discontinued.

**Signature of discontinuing
party or their representative:**

**Name of discontinuing
party or their representative:**

(Any representative who is not a lawyer should file an *Authority to Act for a Corporation or Power of Attorney*)

Date: