**Form 16: Withdrawal of Respondent’s consent to submit claim to Tribunal**

**CERVICALCHECK TRIBUNAL**

**WITHDRAWAL OF RESPONDENT’S CONSENT TO SUBMIT CLAIM TO TRIBUNAL**

**Claim record no.:**

**[1st]\* Claimant**

Full name: ……………………………………………………………………………………

*\* Where there is more than one claimant, the name of each further claimant (numbered 2nd Claimant, 3rd Claimant etc.) should be set out in the same manner immediately following the name of the 1st claimant.*

**[1st]\* Respondent**

Full name: ……………………………………………………………………………………

*\* Where there is more than one respondent, the name of each further respondent (numbered 2nd Respondent, 3rd Respondent etc.) should be set out in the same manner immediately following the name of the 1st respondent.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*I / We the respondent(s) (having noted the provisions of rule 10(4) of the Rules of the Procedure of the Tribunal) withdraw the consent previously given in writing on the …….of………..20…….to the determination by the CervicalCheck Tribunal of the claim set out at sections 3 and 4 of Claim Form of the above claimant.

Dated: ……………………………….………….

Signed: ………………………………………….

[Print name]: ……………………………………

Respondent /Solicitor(s) for [1st] respondent

*\*Add an additional signature block for each additional respondent*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To: ………………..of …………………………………., claimant

To: Registrar

CervicalCheck Tribunal at………………………….

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