To be incerted by Court		
To be inserted by Court		
Case Number:		
Date Filed:		
FDN:		
SURREJOINDE	R BY [PARTY TITLE] TO REJO	OINDER OF [PARTY TITLE]
[<i>SUPREME/DISTRICT/MAGI</i> CIVIL JURISDICTION [<i>NAME OF LIST</i>] LIST 1f applical	STRATES] Delete all but one COURT OF SOUTH	AUSTRALIA
Please specify the Full Name including capac number if more than one party of the same ty	city (eg Administrator, Liquidator, Trustee) and Litigation Guardian N	lame (if applicable) for each party. Each party should include a party
First Applicant		
First Respondent		
First Interested Party		
Lodging Party		
Name of law firm / solicitor	Full Name (including Also Known as, capacity (eg Administrator, L	quidator, Trustee) and Litigation Guardian Name (if applicable))
If any	·	
	Law Firm	Solicitor
Service		
	nt is required to serve it on all other parties ir	accordance with the Rules of Court.
	SURREJOINDER	
Part 1 Background/uncontroversial matters		
Part 2 Other facts forming the ba	isis of the claim	

Form 55	
Part 3 Orders sought	

Certification Mark appropriate section below with an 'x'			
[] As the filing lawyer, I certify that this pleading is filed in accordance with the instructions of the party/parties for whom I act. There is a proper basis for each allegation of fact in the pleading and it complies with the Rules of Court.			
[] As a Litigant in Person (self-represented), I am responsible for filing this pleading. Each allegation of fact in the pleading is true to the best of my knowledge, information and belief.			
Signature			
Name printed			
Date			