

EXHIBIT 2

N244

Application notice

For help in completing this form please read the notes for guidance form N244 Notes.



Name of court High Court of Justice Queen's Bench Division		Claim no.									
Fee account no.	Help with Fees – Ref. no.										
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H	W	F	-			-					
Warrant no.											
Applicant's name Ms. Virginia L. Giuffre											
Respondent's name Mr. Ross Gow											
Date	20 September 2016										

1. What is your name or, if you are a legal representative, the name of your firm?

Boies, Schiller & Flexner (UK) LLP

2. Are you a ☐ Claimant ☐ Defendant ☒ Legal Representative

☐ Other (please specify)

If you are a legal representative whom do you represent?

Applicant

3. What order are you asking the court to make and why?

An order under section 2(2) of the Evidence (Proceedings in Other Jurisdictions) Act 1975, and CPR 34.18(b), that the Respondent:

- be examined by way of deposition, in a manner consistent with the United States Federal Rules of Civil Procedure relating to the examination and cross-examination of witnesses, before Mr. Rowan Planterose, an examiner of the Court, at the offices of Boies, Schiller & Flexner (UK) LLP, 25 Old Broad Street, London, England, EC2N 1HQ, or alternatively at the offices of Devonshires Solicitors LLP, 30 Finsbury Circus, London, EC2M 7DT, for a period of no longer than 7 hours, at a date and time to be agreed between the Applicant and the Respondent, on certain categories of questions (described more fully in the attached witness statement and draft Order); and
- produce certain categories of documents (described more fully in the attached witness statement and draft Order);

for use in proceedings instituted in the United States District Court, Southern District of New York (described more fully in the attached witness statement).

4. Have you attached a draft of the order you are applying for? ☒ Yes

☐ No

5. How do you want to have this application dealt with?

☐ at a hearing

☒ without a hearing

☐ at a telephone hearing

6. How long do you think the hearing will last?

Hours

Minutes

Is this time estimate agreed by all parties?

☐ Yes

☐ No

7. Give details of any fixed trial date or period

8. What level of Judge does your hearing need?

Master

9. Who should be served with this application?

9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.

10. What information will you be relying on, in support of your application?

☒

the attached witness statement

☐

the statement of case

☐

the evidence set out in the box below

If necessary, please continue on a separate sheet.

Statement of Truth

I believe) that the facts stated in this section (and any continuation sheets) are true.

Signed *mk* Dated 20/9/16
Applicant's legal representative

Full name Matthew Howard Getz

Name of applicant's legal representative's firm Boies, Schiller & Flexner (UK) LLP

Position or office held Partner

11. Signature and address details

Signed *mk* Dated 20/9/16
Applicant's legal representative

Position or office held: Partner

Applicant's address to which documents about this application should be sent:

Boies, Schiler & Flexner (UK) LLP 25 Old Broad Street London									
Postcode	E	C	2	N	1	H	Q		

If applicable	
Phone no.	0207 614 0950
Fax no.	0207 614 0999
DX no.	
Ref no.	09998.0016

E-mail address	mgetz@bsflp.com ; mjacobs@bsflp.com ; dturner@bsflp.com
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