

COUNCIL MEETING – DEPUTATION/PETITION REQUEST FORM

NAME OF DEPUTATION/PETITION LEADER: Professor Philippe Sands KC	
ADDRESS:	
ADDRESS.	
King's Bench Walk Temple London EC4Y 7EQ	
TEL:	E-MAIL:
Name and contact details of other proposed attendees (maximum of 6 plus deputation leader):	
Does any member of the deputation have access requirements? If so, please tell us	
what they are:	
Have you submitted a deputation request to the Council before? If so, please give details:	
NO	