## **APPENDIX 1**



Cheshire East Application for a premises licence Licensing Act 2003

For help contact licensing@cheshireeast.gov.uk Telephone: 0300 123 5015

\* required information

| Section 1 of 19   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| You can save the form at any t                                      | ime and resume it later. You do not need to be | logged in when you resume.   |  |  |  |  |  |
| System reference  | Not Currently In Use                           | This is the unique reference for this application generated by the system.   |  |  |  |  |  |
| Your reference  | Vale Car Park License March 2021               | You can put what you want here to help you<br>track applications if you make lots of them. It<br>is passed to the authority.   |  |  |  |  |  |
| Are you an agent acting on be                                       | half of the applicant?                         | Put "no" if you are applying on your own<br>behalf or on behalf of a business you own or   |  |  |  |  |  |
| ⊖ Yes ● I   | No   | work for.  |  |  |  |  |  |
| Applicant Details   |  |  |  |  |  |  |  |
| * First name  |  |  |  |  |  |  |  |
| * Family name   |  |  |  |  |  |  |  |
| * E-mail  |  |  |  |  |  |  |  |
| Main telephone number   |  | Include country code.  |  |  |  |  |  |
| Other telephone number  |  |  |  |  |  |  |  |
| 🔲 Indicate here if you wou  | Ild prefer not to be contacted by telephone    |  |  |  |  |  |  |
| Are you:  |  |  |  |  |  |  |  |
| Applying as a business  | or organisation, including as a sole trader    | A sole trader is a business owned by one   |  |  |  |  |  |
| <ul> <li>Applying as an individu</li> </ul>                         | al   | person without any special legal structure.<br>Applying as an individual means you are<br>applying so you can be employed, or for<br>some other personal reason, such as<br>following a hobby. |  |  |  |  |  |
| Applicant Business  |  |  |  |  |  |  |  |
| * Is your business registered<br>in the UK with Companies<br>House? | Yes O No                                       |  |  |  |  |  |  |
| * Registration number   | 06660327                                       |  |  |  |  |  |  |
| * Business name   | Vale Inn Ltd                                   | If your business is registered, use its registered name.   |  |  |  |  |  |
| * VAT number GB   | 100 1017 12                                    | Put "none" if you are not registered for VAT.  |  |  |  |  |  |
| * Legal status  | Private Limited Company                        |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

| Continued from previous page                   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| * Your position in the business                | Managing Director  |  |  |  |  |  |  |  |
| Home country                                   | United Kingdom   | The country where the headquarters of your |  |  |  |  |  |  |
| -  |  | ☐ business is located.                     |  |  |  |  |  |  |
| Registered Address                             |  | Address registered with Companies House.   |  |  |  |  |  |  |
| * Building number or name                      | Bollington Brewing Co.   |  |  |  |  |  |  |  |
| * Street                                       | Unit 2&3 Adlington Road  |  |  |  |  |  |  |  |
| District                                       |  |  |  |  |  |  |  |  |
| * City or town                                 | Bollington   | ]  |  |  |  |  |  |  |
| County or administrative area                  | Cheshire   |  |  |  |  |  |  |  |
| * Postcode                                     | SK10 5JT   |  |  |  |  |  |  |  |
| * Country                                      | United Kingdom   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Section 2 of 19                                |  |  |  |  |  |  |  |  |
| PREMISES DETAILS                               |  |  |  |  |  |  |  |  |
|  | ply for a premises licence under section 17 of t<br>he premises) and I/we are making this applicat<br>of the Licensing Act 2003. |  |  |  |  |  |  |  |
| Premises Address                               |  |  |  |  |  |  |  |  |
| Are you able to provide a post                 | al address, OS map reference or description of t   | he premises?                               |  |  |  |  |  |  |
| Address  | p reference O Description  |  |  |  |  |  |  |  |
| Postal Address Of Premises                     |  |  |  |  |  |  |  |  |
| Building number or name                        | The Vale Inn   |  |  |  |  |  |  |  |
| Street   | 29-31 Adlington Road   |  |  |  |  |  |  |  |
| District                                       |  |  |  |  |  |  |  |  |
| City or town                                   | Bollington   |  |  |  |  |  |  |  |
| County or administrative area                  | Cheshire   |  |  |  |  |  |  |  |
| Postcode                                       | SK10 5JT   |  |  |  |  |  |  |  |
| Country  | United Kingdom   |  |  |  |  |  |  |  |
| Further Details                                |  |  |  |  |  |  |  |  |
| Telephone number                               |  |  |  |  |  |  |  |  |
| Non-domestic rateable<br>value of premises (£) | 35,500   |  |  |  |  |  |  |  |

| Secti       | on 3 of 19   |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|
| APPL        | ICATION DETAILS  |  |  |  |  |  |  |  |  |  |
| In wh       | hat capacity are you apply   | ring for the premises licence?   |  |  |  |  |  |  |  |  |
|             | An individual or individu  | ıals   |  |  |  |  |  |  |  |  |
| $\boxtimes$ | A limited company  |  |  |  |  |  |  |  |  |  |
|             | A partnership  |  |  |  |  |  |  |  |  |  |
|             | An unincorporated association  |  |  |  |  |  |  |  |  |  |
|             | A recognised club  |  |  |  |  |  |  |  |  |  |
|             | A charity  |  |  |  |  |  |  |  |  |  |
|             | The proprietor of an edu   | icational establishment  |  |  |  |  |  |  |  |  |
|             | A health service body  |  |  |  |  |  |  |  |  |  |
|             | A person who is register   | ed under part 2 of the Care Standards Act  |  |  |  |  |  |  |  |  |
|             | 2000 (c14) in respect of a   | an independent hospital in Wales   |  |  |  |  |  |  |  |  |
|             | A person who is registered under Chapter 2 of Part 1 of the Health and<br>Social Care Act 2008 in respect of the carrying on of a regulated<br>activity (within the meaning of that Part) in an independent hospital in<br>England |  |  |  |  |  |  |  |  |  |
|             | The chief officer of polic   | e of a police force in England and Wales   |  |  |  |  |  |  |  |  |
|             | Other (for example a sta   | tutory corporation)  |  |  |  |  |  |  |  |  |
| Con         | firm The Following   |  |  |  |  |  |  |  |  |  |
| $\boxtimes$ | I am carrying on or proposing to carry on a business which involves<br>the use of the premises for licensable activities   |  |  |  |  |  |  |  |  |  |
|             | l am making the applica  | tion pursuant to a statutory function  |  |  |  |  |  |  |  |  |
|             | l am making the applica<br>virtue of Her Majesty's p   | tion pursuant to a function discharged by<br>rerogative  |  |  |  |  |  |  |  |  |
| Secti       | on 4 of 19   |  |  |  |  |  |  |  |  |  |
| NON         | INDIVIDUAL APPLICAN  | TS   |  |  |  |  |  |  |  |  |
|             | ÷  | address of applicant in full. Where appropriate give any registered number. In the case of a<br>ture (other than a body corporate), give the name and address of each party concerned. |  |  |  |  |  |  |  |  |
| Non         | Individual Applicant's N   | lame   |  |  |  |  |  |  |  |  |
| Nam         | e  | Vale Inn Ltd   |  |  |  |  |  |  |  |  |
| Deta        | nils   |  |  |  |  |  |  |  |  |  |
| -           | stered number (where<br>icable)  | 06660327   |  |  |  |  |  |  |  |  |

Description of applicant (for example partnership, company, unincorporated association etc)

| Continued from previous page   |   |
|--|---|
| Limited Company  |   |
| Address  |   |
| Building number or name  | Bollington Brewing Co., Unit 2 & 3  |
| Street   | Adlington Road  |
| District   |   |
| City or town   | Bollington  |
| County or administrative area  | Cheshire  |
| Postcode   | SK10 5JT  |
| Country  | United Kingdom  |
| Contact Details  |   |
| E-mail   |   |
| Telephone number   |   |
| Other telephone number   |   |
|  | Add another applicant   |
| Section 5 of 19  |   |
| OPERATING SCHEDULE   |   |
| When do you want the premises licence to start?  | 15     /     04     /     2021       dd     mm     yyyy   |
| If you wish the licence to be<br>valid only for a limited period,<br>when do you want it to end                              | dd mm yyyy  |
| Provide a general description of   | of the premises   |
| licensing objectives. Where yo   | ses, its general situation and layout and any other information which could be relevant to the<br>ur application includes off-supplies of alcohol and you intend to provide a place for<br>plies you must include a description of where the place will be and its proximity to the |
| Car Park and Beer Gardens at tl  | he Vale Inn   |
| If 5,000 or more people are<br>expected to attend the<br>premises at any one time,<br>state the number expected to<br>attend |   |

| Continued from previous p | bage                  |               |       |  |
|---------------------------|-----------------------|---------------|-------|--|
| Section 6 of 19           |                       |               |       |  |
| PROVISION OF PLAYS        |                       |               |       |  |
| Will you be providing p   | lays?                 |               |       |  |
| ⊖ Yes                     | No                    |               |       |  |
| Section 7 of 19           |                       |               |       |  |
| PROVISION OF FILMS        |                       |               |       |  |
| Will you be providing fil | ms?                   |               |       |  |
| ⊖ Yes                     | No                    |               |       |  |
| Section 8 of 19           |                       |               |       |  |
| PROVISION OF INDOOI       | R SPORTING EVENTS     | 5             |       |  |
| Will you be providing in  | door sporting events  | 5?            |       |  |
| ⊖ Yes                     | No                    |               |       |  |
| Section 9 of 19           |                       |               |       |  |
| PROVISION OF BOXING       | G OR WRESTLING EN     | TERTAINMENTS  |       |  |
| Will you be providing b   | oxing or wrestling en | tertainments? |       |  |
| ○ Yes                     | No                    |               |       |  |
| Section 10 of 19          |                       |               |       |  |
| PROVISION OF LIVE MU      | JSIC                  |               |       |  |
| Will you be providing liv | ve music?             |               |       |  |
| ⊖ Yes                     | No                    |               |       |  |
| Section 11 of 19          |                       |               |       |  |
| PROVISION OF RECORI       | DED MUSIC             |               |       |  |
| Will you be providing re  | corded music?         |               |       |  |
| <ul><li>Yes</li></ul>     | ⊖ No                  |               |       |  |
| Standard Days And Ti      | nings                 |               |       |  |
| MONDAY                    |                       |               |       | Cive timings in 24 hour clock  |
|                           | Start 12:00           | End           | 20:00 | Give timings in 24 hour clock.<br>(e.g., 16:00) and only give details for the days |
|                           | Start                 | End           |       | of the week when you intend the premises to be used for the activity.              |
| TUESDAY                   |                       |               | I]    |  |
| TOESDAT                   | Start 12:00           | Fue d         | 20.00 |  |
|                           | Start 12:00           | End           | 20:00 |  |
|                           | Start                 | End           |       |  |
| WEDNESDAY                 |                       |               |       |  |
|                           | Start 12:00           | End           | 20:00 |  |
|                           | Start                 | End           |       |  |

| Continued from previous page  |                                 |                      |  |  |  |  |  |  |
|---|---------------------------------|----------------------|--|--|--|--|--|--|
| THURSDAY  |                                 |                      |  |  |  |  |  |  |
| Start   | 12:00                           | End 20:00            |  |  |  |  |  |  |
| Start   |                                 | End                  |  |  |  |  |  |  |
| FRIDAY  |                                 |                      | -  |  |  |  |  |  |
| Start   | 12:00                           | End 20:00            |  |  |  |  |  |  |
| Start   |                                 | End                  |  |  |  |  |  |  |
| SATURDAY  |                                 |                      | J  |  |  |  |  |  |
| Start   | 12:00                           | End 20:00            |  |  |  |  |  |  |
| Start   |                                 | End                  |  |  |  |  |  |  |
|   |                                 |                      |  |  |  |  |  |  |
| SUNDAY<br>Start   | 12:00                           | End 20:00            |  |  |  |  |  |  |
|   |                                 |                      |  |  |  |  |  |  |
| Start   |                                 | End                  | Where taking place in a building or other  |  |  |  |  |  |
| Will the playing of recorded m  |                                 |                      | structure tick as appropriate. Indoors may |  |  |  |  |  |
| -   |                                 | Both                 | include a tent.                            |  |  |  |  |  |
| state type of activity to be aut<br>exclusively) whether or not m   |                                 | -                    | urther details, for example (but not       |  |  |  |  |  |
|   |                                 |                      |  |  |  |  |  |  |
| State any seasonal variations f   | for playing recorded music      |                      |  |  |  |  |  |  |
| For example (but not exclusive  | ely) where the activity will oc | cur on additional da | ays during the summer months.              |  |  |  |  |  |
|   |                                 |                      |  |  |  |  |  |  |
| Non-standard timings. Where the premises will be used for the playing of recorded music at different times from those listed<br>in the column on the left, list below<br>For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve. |                                 |                      |  |  |  |  |  |  |
|   |                                 |                      |  |  |  |  |  |  |
| Section 12 of 19  |                                 |                      |  |  |  |  |  |  |
| PROVISION OF PERFORMAN  | CES OF DANCE                    |                      |  |  |  |  |  |  |
| Will you be providing perform   | nances of dance?                |                      |  |  |  |  |  |  |

| Continued from previous                       | page         |               |                     |            | ⊖ Yes                 | No  |
|---|--------------|---------------|---------------------|------------|-----------------------|---|
| Section 13 of 19                              |              |               |                     |            |                       |   |
| PROVISION OF ANYTH<br>DANCE                   | ING OF A S   | SIMILAR D     | ESCRIPTION TO LIVE  | MUSIC, REC | CORDED MUSIC OR P     | ERFORMANCES OF                            |
| Will you be providing a performances of dance |              | nilar to live | music, recorded mus | ic or      |                       |   |
| ⊖ Yes   | lacksquare   | No            |                     |            |                       |   |
| Section 14 of 19                              |              |               |                     |            |                       |   |
| LATE NIGHT REFRESH                            | MENT         |               |                     |            |                       |   |
| Will you be providing la                      | ate night re | freshment     | ?                   |            |                       |   |
| ⊖ Yes   | lacksquare   | No            |                     |            |                       |   |
| Section 15 of 19                              |              |               |                     |            |                       |   |
| SUPPLY OF ALCOHOL                             |              |               |                     |            |                       |   |
| Will you be selling or su                     | pplying alc  | cohol?        |                     |            |                       |   |
| Yes   | $\circ$      | No            |                     |            |                       |   |
| Standard Days And Ti                          | mings        |               |                     |            |                       |   |
| MONDAY  |              |               |                     |            |                       |   |
|   | Start 12:    | :00           | End                 | 22:00      | Give timings in 24 he | our clock.<br>/ give details for the days |
|   |              |               |                     |            | of the week when yo   | ou intend the premises                    |
|   | Start        |               | End                 |            | to be used for the ac | tivity.                                   |
| TUESDAY                                       |              |               |                     |            |                       |   |
|   | Start 12:    | :00           | End                 | 22:00      |                       |   |
|   | Start        |               | End                 |            |                       |   |
| WEDNESDAY                                     |              |               |                     |            |                       |   |
|   | Start 12:    | :00           | End                 | 22:00      |                       |   |
|   | Start        |               | End                 |            |                       |   |
|   |              |               | End                 |            |                       |   |
| THURSDAY                                      |              |               |                     | ]          |                       |   |
|   | Start 12:    | :00           | End                 | 22:00      |                       |   |
|   | Start        |               | End                 |            |                       |   |
| FRIDAY  |              |               |                     |            |                       |   |
|   | Start 12:    | :00           | End                 | 22:00      |                       |   |
|   | Start        |               | End                 |            |                       |   |
|   |              |               |                     |            |                       |   |
| SATURDAY                                      |              |               |                     |            |                       |   |
|   | Start 12:    | :00           | End                 | 22:00      |                       |   |
|   | Start        |               | End                 |            |                       |   |

| Continued from previous page   |      |
|--|------|
| SUNDAY   |      |
| Start 12:00 End 22:00  |      |
| Start End End  |      |
| Will the sale of alcohol be for consumption:If the sale of alcohol is for consumptionthe premises select on, if the sale of alcohol  |      |
| <ul> <li>On the premises</li> <li>Off the premises</li> <li>Both</li> <li>is for consumption away from the premises and away from the premises and away from the premises select off.</li> </ul> | ises |
| State any seasonal variations  |      |
| For example (but not exclusively) where the activity will occur on additional days during the summer months.   |      |
|  | ]    |
|  |      |
|  |      |
|  |      |
| Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below                                       | he   |
| For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.   |      |
|  |      |
|  |      |
|  |      |
|  |      |
| State the name and details of the individual whom you wish to specify on the licence as premises supervisor  |      |
| Name   |      |
| First name   |      |
| Family name  |      |
| Enter the contact's address  |      |
| Building number or name  |      |
|  |      |
| Street   |      |
| District   |      |
| City or town   |      |
|  |      |
| County or administrative area  |      |
| County or administrative area   Postcode   |      |

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|---|--|--|--|
| Personal Licence number<br>(if known)                               | MBC/PE0429   |  |  |
| Issuing licensing authority<br>(if known)                           | Macclesfield   |  |  |
| PROPOSED DESIGNATED PR  | EMISES SUPERVISOR CONSE  | NT   |  |
| How will the consent form of be supplied to the authority?          | the proposed designated pre                                      | mises supervisor                           |  |
| <ul> <li>Electronically, by the pro</li> </ul>                      | oposed designated premises s                                     | supervisor                                 |  |
| • As an attachment to this  | application  |  |  |
| Reference number for consen<br>form (if known)                      | t  |  | If the consent form is already submitted, ask<br>the proposed designated premises<br>supervisor for its 'system reference' or 'your<br>reference'. |
| Section 16 of 19  |  |  |  |
| ADULT ENTERTAINMENT   |  |  | nt or matters ancillary to the use of the  |
| rise to concern in respect of cl<br>(but not exclusively) nudity or | ing intended to occur at the p<br>hildren, regardless of whether | premises or ancillar<br>you intend childre | y to the use of the premises which may give<br>In to have access to the premises, for example<br>gambling machines etc.                            |
| Section 17 of 19  |  |  |  |
| HOURS PREMISES ARE OPEN   |  |  |  |
| Standard Days And Timings   |  |  |  |
| MONDAY<br>Start   | 10:00  | End 22:00                                  | Give timings in 24 hour clock.<br>(e.g., 16:00) and only give details for the days   |
| Start   |  | End  | of the week when you intend the premises to be used for the activity.  |
| TUESDAY   |  |  |  |
| Start   | 10:00  | End 22:00                                  |  |
| Start   |  | End  | ]  |
| WEDNESDAY   |  |  |  |
| Start   | 10:00  | End 22:00                                  | ]  |
| Start   |  | End  | ]  |

| Continued from previous      | page  |   |
|------------------------------|---|---|
| THURSDAY                     |   |   |
|                              | Start 10:00   | End 22:00   |
|                              | Start   | End   |
| FRIDAY                       |   |   |
|                              | Start 10:00   | End 22:00   |
|                              | Start   | End   |
| SATURDAY                     |   |   |
|                              | Start 10:00   | End 22:00   |
|                              | Start   | End   |
| SUNDAY                       |   |   |
|                              | Start 10:00   | End 22:00   |
|                              | Start   | End   |
| State any seasonal varia     |   |   |
| State any seasonal varia     |   | ccur on additional days during the summer months.                 |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              | Where you intend to use the premi<br>nn on the left, list below | ises to be open to the members and guests at different times from |
| For example (but not ex      | clusively), where you wish the act                              | ivity to go on longer on a particular day e.g. Christmas Eve.     |
|                              |   |   |
|                              |   |   |
|                              |   |   |
| Section 18 of 19             |   |   |
| LICENSING OBJECTIVE          |   |   |
| Describe the steps you i     | intend to take to promote the four                              | r licensing objectives:   |
| a) General – all four licer  | nsing objectives (b,c,d,e)                                      |   |
| List here steps you will t   | take to promote all four licensing o                            | objectives together.  |
| We will train all staff in t | he area of the four licensing objec                             | tives.  |
|                              |   |   |
|                              |   |   |
| b) The prevention of cri     | me and disorder   |   |
| A sign will be displayed     | on the premises indicating the no                               | rmal hours during which the sale of alcohol is permitted.         |

c) Public safety

Nothing beyond existing health / fire safety requirements.

d) The prevention of public nuisance

Nothing beyond existing health / fire safety requirements.

e) The protection of children from harm

We will operate a Challenge 25 policy - confirming age only acceptable with photo type driving licence or passport.

## Section 19 of 19

## **PAYMENT DETAILS**

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Premises Licence Fees are determined by the non domestic rateable value of the premises. To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/ business rates/index.htm Band A - No RV to £4300 £100.00 Band B - £4301 to £33000 £190.00 Band C - £33001 to £8700 £315.00 Band D - £87001 to £12500 £450.00\* Band E - £125001 and over £635.00\* \*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee Band D - £87001 to £12500 £900.00 Band E - £125001 and over £1,905.00 There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required. Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college. If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time Capacity 5000-9999 £1,000.00 Capacity 10000 -14999 £2,000.00 Capacity 15000-19999 £4,000.00 Capacity 20000-29999 £8,000.00 Capacity 30000-39000 £16,000.00 Capacity 40000-49999 £24,000.00 Capacity 50000-59999 £32,000.00 Capacity 60000-69999 £40,000.00 Capacity 70000-79999 £48,000.00 © Queen's Printer and Controller of HMSO 2009

| <b>Continued from previous page</b>                             | 0.00  |
|---|---|
| Capacity 80000-89999 £56,00<br>Capacity 90000 and over £64,     |   |
| * Fee amount (£)  | 315.00  |
| DECLARATION   |   |
|   | nce, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the<br>a false statement in or in connection with this application. |
| 🛛 Ticking this box indica                                       | tes you have read and understood the above declaration  |
| This section should be comple<br>behalf of the applicant?"      | eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on  |
| * Full name   |   |
| * Capacity  | Managing Director   |
| * Date  | $\begin{bmatrix} 17 \\ 03 \end{bmatrix} / \begin{bmatrix} 2021 \\ 2021 \end{bmatrix}$   |
|   | dd mm yyyy  |
|   | Add another signatory   |
| Once you're finished you need<br>1. Save this form to your comp | •   |
| 2. Go back to https://www.go                                    | w.uk/apply-for-a-licence/premises-licence/cheshire-east/apply-1 to upload this file and   |
| continue with your applicatio<br>Don't forget to make sure you  | n.<br>I have all your supporting documentation to hand.   |
|   | N SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD<br>S OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION                |
| OFFICE USE ONLY   |   |
|   |   |
| Applicant reference number                                      | Vale Car Park License March 2021  |
| Fee paid  |   |
| Payment provider reference                                      |   |
| ELMS Payment Reference  |   |
| Payment status  |   |
| Payment authorisation code                                      |   |
| Payment authorisation date                                      |   |
| Date and time submitted   |   |
| Approval deadline   |   |
| Error message   |   |
| Is Digitally signed   |   |

| < Previous | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>Z</u> | <u>8</u> | <u>9</u> | <u>10</u> | <u>11</u> | <u>12</u> | <u>13</u> | <u>14</u> | <u>15</u> | <u>16</u> | <u>17</u> | <u>18</u> | <u>19</u> | Next > |  |
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