

## Claim Form (CPR Part 8)

## In the High Court of Justice Queen's Bench Division Commercial Court Royal Courts of Justice

CI	aim	No.

Issue date

## Claimant(s)



for court use only

Defendant(s)

Name and Address of Defendant receiving this claim form

Court fee	
Solicitor's costs	

The court office at the Admiralty and Commercial Registry, Royal Courts of Justice, Strand, London WC2A 2LL is open between 10 am and 4.30 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the case number.

	Claim No.			
Details of claim				
Statement of Truth *(I believe)(The Claimant believes) that the facts stated in this claim form are true.				
* I am duly authorised by the claimant to sign this statement Full name				
Name of *(claimant)('s solicitor's firm)				
signed	position or office held			
signed *(Claimant)('s solicitor)	(if signing on behalf of firm, compar	ny or corporation)		
*delete as appropriate				
		. 1.1		
	Claimant's or solicitor's address documents or payments should b	e sent if different		
	from overleaf. If you are prepared by DX, fax or e-mail, please add	_		