



# Claim Form (CPR Part 8)

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

	<i>for court use only</i>
Claim No.	
Issue date	

Claimant(s)



Defendant(s)

Name and Address of Defendant receiving this claim form

Court fee	
Solicitor's costs	

Claim No.	
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## 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 \_\_\_\_\_

\*(Claimant)(’s solicitor)

(if signing on behalf of firm, company or corporation)

*\*delete as appropriate*

Claimant’s or solicitor’s address to which documents or payments should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.