



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	
Legal representative's costs	

The court office at the Admiralty and Commercial Registry, The Rolls Building, 7 Rolls Building, Fetter Lane, London, EC2A 1NL is open between 10am and 4.30pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the case number.

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 legal representative’s firm) _____

signed _____ position or office held _____

*(Claimant)(’s legal representative)

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

**delete as appropriate*

Claimant’s or legal representative’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.