

Acknowledgment of Service (Part 8 claim)

You should read the 'notes for defendant' attached to the claim form which will tell you when and where to send this form.

| | | |
|----------------------------------|---|---|
| If you wish to contest the claim | If you wish to dispute the court's jurisdiction | If you believe the claimant should not have used this procedure |
| complete section A | complete section B | complete section C |

| | |
|--|--|
| In the | High Court of Justice Queen's Bench Division Commercial Court Royal Courts of Justice |
| Claim No. | |
| Claimant(s) <small>(including ref.)</small> | |
| Defendant(s) | |
| Defendant returning this form | |

**delete as appropriate*

A

*(I intend)(The defendant intends) to contest this claim

And (if applicable) *(I)(the defendant) also seek(s) the following different remedy to that claimed by the claimant:

B

*(I intend)(The defendant intends) to dispute jurisdiction
(you should file your application within 28 days of the date on which you file this acknowledgment of service with the court)

| | |
|------------------|--|
| Claim No. | |
|------------------|--|

C

*(I object)(The defendant objects) to the claimant issuing under this procedure

***And** *(my)(the defendant's) reasons for objecting are:

D

Signed
(To be signed by you or by your legal representative)

*(I believe)(The defendant believes) that the facts stated in this form are true. *I am duly authorised by the defendant to sign this statement

**delete as appropriate*

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

| |
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|--|

Full name
Name of *(defendant) ('s legal representative's firm)

| |
|--|
| |
|--|

Defendant's date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date

| |
|--|
| |
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Give an address to which notices about this case can be sent.

| |
|----------|
| |
| Postcode |

| <i>if applicable</i> | |
|----------------------|--|
| fax no. | |
| DX no. | |
| e-mail | |
| Tel. no. | |