

Claim form

Directors disqualification section 8A application

In the	
Claim No.	

In the matter of a disqualification undertaking dated	on Act 1986.
Name of Claimant	Name of Defendant(s)
The hearing	
(This section will be completed by the court) The defendant(s) must attend before the (Registrar/Distric	ct Judge) on
Date Time	
Place	
on the hearing of an application bythe Company Directors Disqualification Act 1986 that:	, the claimant, for an order under Section 8A of
The grounds upon which the claimant seeks the order are affidavit of () sworn on a true copy	•

Note: If you do not attend, the court may make such order as it thinks fit

The court office at

is open between 10 am and 4 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

		Claim No	•
Does your claim include any issues under the Human R	☐ Yes [□ No	
Details of your claim			
Defendant's(s) name(s) and address(es)	Г		£
		Court fee Solicitor's costs	
		Issue date	
	L		

Endorsement

- 1. CPR Part 8 as modified by the Directors Disqualification Proceedings Pratice Direction applies to this claim.
- 2. Any evidence which the defendant wishes to be taken into consideration by the court must be filed in court within 28 days from the date of service of the claim form and copies must then be served forthwith on the claimant. The evidence must be in the form of one or more affidavits.

Statement of Truth	
*(I believe)(The claimant believes) that the facts * I am duly authorised by the claimant to sign th	
Full name of claimant	
Name of claimant's solicitor's firm	
signed	
*(Claimant)(Litigation friend)(Claimant's solicitor)	(if signing on behalf of firm or company)
*delete as appropriate	
	Claimant's or claimant's solicitor's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.