

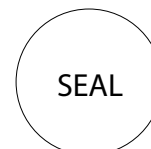


Claim Form (Admiralty claim)

In the High Court of Justice
Queen's Bench Division
Admiralty Court

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

Claimant(s)



Defendant(s)

Name and address of Defendant receiving this claim form

The Admiralty Registry within the Rolls Building, 7 Rolls Building, Fetter Lane, London, EC4A 1NL is open between 10am and 4.30pm Monday to Friday. Please address all correspondence to the Admiralty Registry and quote the claim number.

Claim No.	
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Brief details of claim

Particulars of claim (*attached)(*will follow if an acknowledgment of service is filed that indicates an intention to defend the claim)

Statement of Truth

*(I believe)(The Claimant believes) that the facts stated in this claim form *(and the particulars of the claim attached to 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 including (if appropriate) details of DX, fax or e-mail.