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 Business and Property Courts of England and Wales Queen's Bench Division Commercial Court**
Claim No.	
Claimant(s) (including ref.)	
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)

The Court office at the Admiralty and Commercial Registry, Royal Courts of Justice, 7 Rolls Building, Fetter Lane, EC4A 1NL is open between 10 am and 4.30 pm Monday to Friday. When corresponding with the Court, please address forms or letters to the Listing Office and quote the claim number.

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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

Statement of truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

☐ **I believe** that the facts stated in this particulars of claim are true.

☐ **The defendant** believes that the facts stated this particulars of claim are true. **I am authorised** by the defendant to sign this statement.

Signature

☐ Defendant

☐ Litigation friend (where judgment creditor is a child or a patient)

☐ Defendant's legal representative (as defined by CPR 2.3(1))

Date

Day | Month | Year

Full name

Name of defendant's legal representative's firm

If signing on behalf of firm or company give position or office held

Defendant's or defendant's legal representative's address to which documents should be sent.

Building and street

Second line of address

Town or city

County (optional)

Postcode

If applicable

Phone number

Fax phone number

DX number

Your Ref.

Email