



Claim Form
(Admiralty
limitation claim)

In the High Court of Justice
King’s Bench Division
Admiralty Court

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

Claimant(s)



Defendant(s)

Details of limitation claim

Named defendant’s name and address

Claim No.	
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Details of limitation claim

Statement of truth

Note: you are reminded that a copy of this claim form must be served on all other parties.

I understand that proceedings for contempt of court may be brought against a person 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 claim form and any attached sheets are true.

☐ **The claimant** believes that the facts stated in this claim form and any attached sheets are true. **I am authorised** by the claimant to sign this statement.

Signature

☐ Claimant

☐ Litigation friend (where claimant is a child or protected party)

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

Date

Day

Month

Year

Full name

Name of claimant's legal representative's firm

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

Claimant’s or claimant’s legal representative’s address to which documents should be sent.

Building and street

Second line of address

Town or city

County (optional)

Postcode

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If applicable

Phone number

DX number

Your Ref.

Email