



Claim Form (Admiralty limitation claim)

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

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

Claimant(s)



Defendant(s)

Details of limitation claim *(see also overleaf)*

Named defendant's name and address

The Admiralty Registry within the Royal Courts of Justice, Strand, London WC2A 2LC 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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Details of limitation claim *(continued)*

Statement of Truth

*(I believe)(The Claimant believes) that the facts stated in these details of claim 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)(Claimant's solicitor) (if signing on behalf of firm or company)

*delete as appropriate

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Claimant's or claimant's 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.