



Claim form

Directors disqualification section 8A application

In the	
Claim No.	

In the matter of a disqualification undertaking dated

and in the matter of the Company Directors Disqualification 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/District Judge) on

Date Time

Place

on the hearing of an application by _____, the claimant, for an order under Section 8A of the Company Directors Disqualification Act 1986 that:

The grounds upon which the claimant seeks the order are set out (in the details of claim overleaf and) in the affidavit of (_____) sworn on _____ a true copy of which is served herewith.

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.	
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Does your claim include any issues under the Human Rights Act 1998?

Yes No

Details of your claim

Defendant's(s) name(s) and address(es)

£

Court fee	
Solicitor's costs	
Issue date	

Endorsement

1. CPR Part 8 as modified by the Directors Disqualification Proceedings Practice 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 stated in this claim form are true.

* I am duly authorised by the claimant to sign this statement.

Full name of claimant _____

Name of claimant's solicitor's firm _____

signed _____ position or office held _____

*(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.