



# Claim form for relief against forfeiture

In the	
Claim No.	

Claimant  
(name(s) and address(es))



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

The claimant is interested in the lease dated 20 , of the property:

The defendant, as the person entitled to the reversion on the lease, on 20 , forfeited or served notice of intention to forfeit the lease.

The claimant seeks relief from that forfeiture so that the lease can continue.

Full particulars of the claim are [overleaf][attached].

The claim will be heard on: 20 at am/pm  
at

Defendant's  
name and  
address for  
service

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Court fee	£
Solicitor's costs	£
Total amount	£

Issue date	
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Claim No.	
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Particulars of Claim [are attached]

### 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.

signed \_\_\_\_\_ date \_\_\_\_\_

\*(Claimant)(Litigation friend *(where the claimant is a child or a patient)*)(Claimant's solicitor)

*\*delete as appropriate*

Full name \_\_\_\_\_

Name of claimant's solicitor's firm \_\_\_\_\_

position or office held \_\_\_\_\_

*(if signing on behalf of firm or company)*

Claimant's or  
claimant's solicitor's  
address to which  
documents should be  
sent if different from  
overleaf.

Postcode

*if applicable*

Ref. no.

fax no.

DX no.

e-mail

Tel. no.