



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

| | |
|-------------------|---|
| Court fee | £ |
| Solicitor's costs | £ |
| Total amount | £ |

| | |
|------------|--|
| Issue date | |
|------------|--|

| | |
|-----------|--|
| Claim No. | |
|-----------|--|

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 |
|----------|

| <i>if applicable</i> | |
|----------------------|--|
| Ref. no. | |
| fax no. | |
| DX no. | |
| e-mail | |
| Tel. no. | |