

Certificate of service

Name of court	Claim No.
Name of Claimant	
Name of Defendant	

On the(insert date)
the (insert title or description of documents served)
a copy of which is attached to this notice was served on (insert name of person served, including position i.e. partner, director if appropriate)
.....

Tick as appropriate

<input type="checkbox"/> by first class post	<input type="checkbox"/> by Document Exchange
<input type="checkbox"/> by delivering to or leaving at a permitted place (see notes overleaf)	<input type="checkbox"/> by personally handing it to or leaving it with (please specify) <div></div>
<input type="checkbox"/> by fax machine (.....time sent) (you may want to enclose a copy of the transmission sheet)	<input type="checkbox"/> by other electronic means (please specify) <div></div>
<input type="checkbox"/> by other means permitted by the court (please specify) <div></div>	

at (insert address where service effected, include fax or DX number, e-mail address or other electronic identification)

being the ☐ claimant's ☐ defendant's ☐ solicitor's ☐ litigation friend:

<input type="checkbox"/> usual residence	<input type="checkbox"/> principal office of the corporation
<input type="checkbox"/> last known residence	<input type="checkbox"/> principal office of the company
<input type="checkbox"/> place of business	<input type="checkbox"/> other (please specify) <div></div>
<input type="checkbox"/> principal place of business	
<input type="checkbox"/> last known place of business	

The date of service is therefore deemed to be (insert date - see overleaf for guidance)

I believe that the facts stated in this Certificate are true.

Full name <div></div>	
Signed <div></div> (Claimant)(Defendant)(’s solicitor)(’s litigation friend)	Position or office held <div></div> (if signing on behalf of firm or company)
Date <div></div>	