



Claim Form (Admiralty limitation claim)

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

Claim No.

for court use only

Issue date

Claimant(s)

SEAL

Defendant(s)

Details of limitation claim *(see also overleaf)*

Named defendant's name and address

Claim No.

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

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.