

Claim No.

Particulars of Claim (attached)

Statement of Truth

*(I believe)(The Part 20 Claimant believes) that the facts stated in these particulars of claim are true.

* I am duly authorised by the Part 20 claimant to sign this statement

Full name _____

Name of Part 20 claimant's solicitor's firm _____

signed _____ position or office held _____

*(Part 20 Claimant)('s solicitor)(Litigation friend) (if signing on behalf of firm or company)

**delete as appropriate*

Part 20 Claimant ('s solicitor's) address to which documents or payments should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.