



Claim form for relief against forfeiture

In the

Claim No.

Claimant

(name(s) and address(es))

SEAL

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
served notice of intention to forfeit the lease.

20 , forfeited or

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.