

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.