

Certificate of service

On what day did you serve?

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The date of service is

/
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Name of court

Claim No.

Name of Claimant

Name of Defendant

What documents did you serve?

Please attach copies of the documents you have not already filed with the court.

On whom did you serve?

(If appropriate include their position e.g. partner, director).

How did you serve the documents?

(please tick the appropriate box)

☐ by first class post or other service which provides for delivery on the next business day

☐ by delivering to or leaving at a permitted place

☐ by personally handing it to or leaving it with (.....time left, where document is other than a claim form) *(please specify)*

☐ by other means permitted by the court *(please specify)*

☐ by Document Exchange

☐ by fax machine (.....time sent, where document is other than a claim form) *(you may want to enclose a copy of the transmission sheet)*

☐ by other electronic means (.....time sent, where document is other than a claim form) *(please specify)*

Give the 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

☐ usual residence

☐ last known residence

☐ place of business

☐ principal place of business

☐ last known place of business

☐ last known principal place of business

☐ principal office of the partnership

☐ principal office of the corporation

☐ principal office of the company

☐ place of business of the partnership/company/corporation within the jurisdiction with a connection to claim

☐ other *(please specify)*

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

Full name

Signed

(Claimant) (Defendant) ('s solicitor) ('s friend)

Position or office held

(If signing on behalf of firm or company)

Date

/
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