



Claim Form (CPR Part 8)

| | |
|--|-------------------|
| In the | |
| Claim no. | |
| Fee Account no. | |
| Help with Fees - Ref no. (if applicable) | H W F - [] - [] |

Claimant

IN THE MATTER OF [COMPANY NAME]
IN THE MATTER OF THE COMPANIES ACT 2006

[Claimant's name]
[Claimant's address] [standing to make the application]



Defendant(s)

The Registrar of Companies
Companies House
Crown Way
Cardiff CF14 3UZ

Does your claim include any issues under the Human Rights Act 1998? Yes No

Details of claim *(see also overleaf)*

The Claimant seeks an Order that the [name of the company] be restored to the Register of Companies pursuant to Section 1029 of the Companies Act 2006

Defendant's name and address

The Registrar of Companies
Companies House
Crown Way
Cardiff CF14 3UZ

| | |
|------------------------------|-----|
| | £ |
| Court fee | 280 |
| Legal representative's costs | |
| Issue date | |

For further details of the courts www.gov.uk/find-court-tribunal.
When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Claim no.

Details of claim *(continued)*

Let the Claimant and Defendant attend the Court on

Date:.....

Time:.....

Place: The Bankruptcy and Restoration Court, Thomas More Building, Royal Courts of Justice, The Strand, London WC2A 2LL

on the hearing of an application by the Claimant for an Order under Section 1029 of the Companies Act 2006 that be restored to the Register of Companies or such other relief as the Court may seem fit

Statement of Truth

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

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

Full name _____

Name of claimant's legal representative's firm _____

signed _____ position or office held _____

*(Claimant)(Litigation friend)
(Legal representative's solicitor)

(if signing on behalf of firm or company)

**delete as appropriate*

Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.