

# Acknowledgment of Service

(Part 8 claim)

**You should read the 'notes for defendant' attached to the claim form which will tell you when and where to send this form.**

|                                  |   |   |
|----------------------------------|---|---|
| If you wish to contest the claim | If you wish to dispute the court's jurisdiction | If you believe the claimant should not have used this procedure |
| complete section <b>A</b>        | complete section <b>B</b>                       | complete section <b>C</b>                                       |

\*delete as appropriate

|  |   |
|--|---|
| <b>In the</b>                          | <b>High Court of Justice<br/>Chancery Division<br/>Financial List<br/>Royal Courts of Justice</b> |
| <b>Claim No.</b>                       |   |
| <b>Claimant(s)</b><br>(including ref.) |   |
| <b>Defendant(s)</b>                    |   |
| <b>Defendant returning this form</b>   |   |

## A

\*(I intend)(The defendant intends) to contest this claim

**And** (if applicable) \*(I)(the defendant) also seek(s) the following different remedy to that claimed by the claimant:

## B

\*(I intend)(The defendant intends) to dispute jurisdiction  
(you should file your application within 28 days of the date on which you file this acknowledgment of service with the court)

Financial List cases issued in the Chancery Division are managed after issue by the Admiralty and Commercial Registry, The Rolls Building, 7 Rolls Building, Fetter Lane, London, EC4A 1NL is open between 10am and 4.30pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

|                  |  |
|------------------|--|
| <b>Claim No.</b> |  |
|------------------|--|

**C**

\*(I object)(The defendant objects) to the claimant issuing under this procedure

**\*And** \*(my)(the defendant's) reasons for objecting are:

**D**

**Signed**  
(To be signed  
by you or by  
your legal  
representative)

\*(I believe)(The defendant believes) that the facts  
stated in this form are true. \*I am duly authorised by the  
defendant to sign this statement

*\*delete as appropriate*

**Position or  
office held**  
(if signing on  
behalf of firm,  
company or  
corporation)

|  |
|--|
|  |
|--|

**Full name**  
Name of \*(defendant)  
(\*s legal representative's  
firm)

|  |
|--|
|  |
|--|

Defendant's date of  
birth

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**Date**

|  |
|--|
|  |
|--|

**Give an address  
to which notices  
about this case  
can be sent.**

|          |
|----------|
|          |
| Postcode |

| <i>if applicable</i> |  |
|----------------------|--|
| fax no.              |  |
| DX no.               |  |
| e-mail               |  |
| Tel. no.             |  |