

Claim No.

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IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN
CIVIL DIVISION

	PROCEDURE
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Parties

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Claimant(s)

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Defendant(s)

Defence of

(Please enter the full name of the defendant filing this form)

I dispute the claimant's claim because:

(use numbered paragraphs)

If you need to continue on a separate sheet please use the prescribed form – 'HCC CONTINUATION SHEET'

<p>Statement of truth</p> <p>[I believe] [The defendant believes] that the facts stated in this form are true.</p> <p>[I am duly authorised by the defendant to sign this statement]</p>	
<p>* delete as appropriate</p>	
<p>If the defendant is an individual, give date of birth (or <i>over 18</i>) here</p>	
<p>Signed</p> <p style="text-align: right;">[Defendant] ['s advocate] [Litigation friend] delete as appropriate</p>	
<p>Position or office held (if signed on behalf of a company or other corporation)</p>	
Date	
<p>Defendant or defendant's advocate's address in the Isle of Man (including postcode) to which documents or payments should be sent:</p>	Telephone no.
	Fax no. (if appropriate)
	E-mail (if appropriate)
	Reference (if any)