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| CLAIM FORM |
| **FOR COURT USE ONLY**  |
| Case No. | Click here to enter text. |  |
| Date Filed | Click here to enter text. |
| \*Notes for guidance are available which will help you complete this form. Please read them carefully before you complete each section. |
| **SECTION 1 - DETAILS OF THE PARTIES** |
| * Details of the party making the claim (‘**The Claimant**’)
 |
| **Full Name** | Click here to enter text. | **Case No. (if known)** | Click here to enter text. |
|  | **Nationality** | Click here to enter text. |
| **Address** | Click here to enter text. | **ID No.** | Click here to enter text. |
| **ID Type** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| * Details of any other party to whom the claim is made against (‘**The Defendant**’)
 |
| **Full Name** | Click here to enter text. | **Nationality** | Click here to enter text. |
|  | **ID No.** | Click here to enter text. |
| **Address** | Click here to enter text. | **ID Type** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **SECTION 2 - BRIEF DETAILS OF THE CLAIM** |
| **Please identify below the nature of the claim you are making, setting out, as briefly as possible, any facts relied upon and attach to this Claim Form any documents that are of particular importance. Please also identify the legal basis for your claim identifying, in particular, any provision of the QFC Law or QFC Regulations upon which you rely.** |
| Click here to enter text. |

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| **SECTION 3 - THE REMEDY SOUGHT** |
| **If it is not clear from the information you have provided in section 2, please explain below what remedy you wish the Court to grant.** |
| Click here to enter text. |
| **SECTION 4 - SUPPORTING DOCUMENTATION** |
| **Are you submitting any additional documentation along with this Claim Form? If so, please list the documents below and, if you have not already done so in Section 2, briefly explain why you are relying upon them.** |
| Click here to enter text. |

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| **SECTION 5 - LEGAL REPRESENTATION** |
| **Are you legally represented?** |  | Yes |  | No |
| * Please provide the following further information (if applicable):
 |
| **Solicitor’s Name** | Click here to enter text. |
| **Solicitor’s Address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Reference No.** **(if applicable)** | Click here to enter text. |
| **Counsel/Advocate’s name (if known and if different from the above)** | Click here to enter text. |
| **Counsel/ Advocate’s Address** | Click here to enter text. | **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Reference No. (if applicable)** | Click here to enter text. |
| **SECTION 6 - LANGUAGE** |
| **Proceedings before the Court will usually be conducted in English; however parties before the Court shall be entitled to conduct proceedings in Arabic if they wish to do so. Please state below whether you wish to have your case conducted in English or in Arabic (tick appropriate box).** |
|  | English |  | Arabic |

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| **SECTION 7 - ACKNOWLEDGEMENTS AND STATEMENT OF TRUTH** |
| I acknowledge that: 1. If a completed Claim Form fails to meet the requirements of Article 17.3 of the Court’s Regulations and Procedural Rules, it will not be issued by the Registry but will instead be returned to the party submitting it;
2. A Claim Form is valid for service for 4 months from the date of its issue by the Registry;
3. Once issued, it is not the responsibility of the Court to serve a Claim Form on any other party. That responsibility lies with the Claimant;
4. To constitute valid service, a Claim Form (and any documents relied upon as part of the claim), must be served in accordance with Article 18.3 of the Court’s Regulations and Procedural Rules; and
5. Upon the determination of any claim, the Court has the power to make such orders as it thinks fit in relation to the issue of costs but that the general rule shall be that the unsuccessful party pays the costs of the successful party.
6. I have read and understood the corresponding Notes for Guidance prior to completing this form.

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| **STATEMENT OF TRUTH** |
|[ ]  I believe that the facts stated in this Claim Form are true and I acknowledge and understand the points listed above. |
|[ ]  The Claimant believes that the facts stated in this Claim Form are true and the Claimant acknowledges and understands the points listed above. I am duly authorised on behalf of the Claimant to sign this form. |
| **Full Name** | Click here to enter text. |
| **Name Of Claimant’s Solicitor’s Firm (If Applicable)** | Click here to enter text. |
| **Signed** | **Position or Office Held** |
|  | Click here to enter text. |
| \*(Claimant/Claimant's Solicitor) | \*(if signing on behalf of a firm or company) |
| **Date:** Click here to enter a date. |  |