

Made on behalf of	
Initials and surname of witness	
No. of statement of this witness (if more than one)	
Identifying initials and number of each exhibit (if any)	
Date of statement	

Claim No.

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

	<b>PROCEDURE</b>
Parties	
<input type="text"/>	Claimant
<input type="text"/>	Defendant
Full name of witness	<input type="text"/>
Address <sup>1</sup>	<input type="text"/>
Position held and name of firm or employer <sup>2</sup>	<input type="text"/>

<sup>1</sup> Place of residence or, if witness is making statement in a professional, business or other occupational capacity, work address

Occupation or description			
Please indicate with an 'X' here if witness is			
		a party	an employee of a party
Statement <sup>3</sup> (use numbered paragraphs)			
<p>If you need to continue on a separate sheet please use prescribed form – 'HCC CONTINUATION SHEET'</p>			
I believe that the facts stated in this witness statement are true.			
Date		Signature	

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<sup>2</sup> Complete if witness is making statement in a professional, business or other occupational capacity

<sup>3</sup> The statement must comply with Schedule 8.1 to the Rules of the High Court 2009. Continue on a separate sheet or sheets if necessary (but each page must be numbered, and the last page must contain the above statement of truth and be signed by the witness).