

Claim No.

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

	PROCEDURE	
Parties		Claimant
		Defendant
If there is more than one defendant please enter the full name of the claimant/defendant this certificate is intended to show service on:		
On	the	a copy of which is attached
date	description of document	
was served on	name of person served (including position if appropriate)	
<p>by post</p> <p>by delivery to or leaving at a permitted place (specify)</p> <p>by fax at (time sent)</p> <p>by personally handing it to or leaving it with (specify)</p> <p>at (specify)</p> <p>by other electronic means (specify)</p> <p>by other means permitted by the court (specify)</p>		
by		

full name and address of person serving (including position if appropriate)

I believe that the facts stated in this document are true

Date

Signed

full name and address of signatory (including position if appropriate)