

Claim No.

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

	PROCEDURE
Parties	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Claimant(s)
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Defendant(s)
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Interested Party / Parties (Full name(s) & address(es))
If there is more than one [claimant] [defendant] [interested party] please enter the full name of the [claimant] [defendant] [interested party] filing this form:	
I/We give notice that	
<input type="checkbox"/> my advocate (name) has ceased to act for me and I shall now be acting in person	
<input type="checkbox"/> I/We (name) have been instructed to act on behalf of the [claimant(s)] [defendant(s)] [interested part(y)(ies)] in this claim in place of (name)	
delete as appropriate	

<p>I/We have served notice of this change on every party to claim [and on the former advocate]</p> <p>Signed (type or print full name here)</p> <p>[Claimant] [Defendant] [interested party] ['s advocate] [Litigation friend] delete as appropriate</p>	
<p>Position or office held (if signed on behalf of a company or other corporation)</p>	
<p>Date</p>	
<p>Address in the Isle of Man (including postcode) to which documents or payments should be sent:</p>	<p>Telephone no.</p>
	<p>Fax no. (if appropriate)</p>
	<p>E-mail (if appropriate)</p>
	<p>Reference (if any)</p>