

## **Claim Form**

In the	County Court Money Claims Centre		
Fee Account no.			
Help wit Ref no. (i	<b>h Fees -</b> f applicable)	H W F	

	For court use only
Claim no.	
Issue date	

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

Claimant(s) name(s) and address(es) including postcode Philip Deane Accountancy Limited

Units 1&2, Field View, Baynards Green Business Park, Baynards Green, Bicester, Oxfordshire, OX27 7SG



Tel: 01869 345200 Fax: 01869 345700

Email: philip@pd-accountancy.co.uk

Defendant(s) name and address(es) including postcode

Mr Colin Matthews, 11 Ransome Close, Titchfield, Fareham, Hampshire, PO14 4JD.

## Brief details of claim

The Claimant claims the sum of £840.00 pursuant to invoice number 4340 in respect of services requested by the Defendant and supplied by the Claimant which has been outstanding since 15 February 2016 together with interest at a rate of 8% per annum under the contract. And the Claimant claims:

- (a) £840.00
- (b) interest from 15 February 2016 to the date of this claim form (19 September 2016) as aforesaid in the sum of £42.45 and
- (c) interest as aforesaid from the date of this claim form (19 September 2016) until judgment or sooner payment at the daily rate of £0.20

## Value

The Claimant certifies that the value of his claim is £882.45

You must indicate your preferred County Court Hearing Centre for hearings here (see notes for guidance)

Banbury

Defendant's name and address for service including postcode

Mr Colin Matthews, 11 Ransome Close, Titchfield, Fareham, Hampshire, PO14 4JD.

	£
Amount claimed	£882.45
Court fee	£70.00
Legal representative's costs	NIL
Total amount	£952.45

For further details of the courts www.gov.uk/find-court-tribunal.

When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Does, or will, your claim include any issues under th	e Human Rights Act 1998? ☐ Yes 📝 No				
Particulars of Claim (attackweck)(toxfollow)					
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Statement of Truth *(I believe)(মার্মেঙ্কার্মের্মের্মের্মের্মের্মের্মের্মের্মের্মে					
Full name Philip Deane Accountancy Limited					
Name of claimant's legal representative's firm					
	or office held				
*(Claimant)(Littigatiøxxfrienxl) (Olaimant/sylegelxepresextative)	(if signing on behalf of firm or company)				
(CARINAANASAEGIANASANASANARANARA)	*delete as appropriate				
	Claimant's or claimant's legal representative's address to which documents or payments should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.				