



Claim Form

In the
CENTRAL LONDON COUNTY COURT

Claim No. CL201770

Claimant

STEEL SERVICES LIMITED

Registered Office
TROPIC ISLE BUILDING
ROAD TOWN
TORTOLA

B.V.I

Defendant(s)

MR. _____
FLAT
JEFFERSON HOUSE
11 BASIL STREET
LONDON SW3 1AX

HAD Steel Services
Already been "struck
off" the BVI company
Register at the time?
- See 8 Aug 2002
Reply from the
BVI.



Brief details of claim

NON PAYMENT OF FEES

Value

£1,337.50

Defendant's name and address

MR. _____
FLAT
JEFFERSON HOUSE
11 BASIL STREET
LONDON SW3 1AX

	£
Amount claimed	£1,337.50
Court fee	£115.00
Solicitor's costs	£80.00
Total amount	£1,532.50
Issue date	26 FEB 2002

Claim No.

Does, or will, your claim include any issues under the Human Rights Act 1998? Yes No

Particulars of Claim (attached)(to follow)

1. **THE CLAIMANT IS THE FREEHOLD OWNER** OF PREMISES SITUATE AT AND KNOWN AS FLAT JEFFERSON HOUSE 11 BASIL STREET LONDON SW3 1AX AND THE DEFENDANT IS THE TENANT.
2. AT THE INSTIGATION OF THE DEFENDANT IN OR ABOUT NOVEMBER 2001 EAMON MALONE FRICS FCIARB MAPM ~~AN ARBITRATOR~~ WAS APPOINTED BY THE PRESIDENT OF THE ROYAL INSTITUTION OF CHARTERED SURVEYORS TO ACT AS AN ARBITRATOR IN CONNECTION WITH A SERVICE CHARGE DISPUTE. FOLLOWING THE APPOINTMENT THE DEFENDANT HAS SUSPENDED OR WITHDRAWN THE ARBITRATION PROCEEDINGS. IN THE INTERIM HOWEVER THE CLAIMANT HAD INCURRED PROFESSIONAL FEES WITH ITS SOLICITORS AND MANAGING AGENTS TOTALLING £1,337.50 AS PER THE ATTACHED COPY INVOICES IN CONNECTION WITH THE ARBITRATION PROCEEDINGS.
3. NOTWITHSTANDING THAT THE CLAIMANT HAS DEMANDED PAYMENT OF THE MONIES DUE THE DEFENDANT HAS FAILED TO PAY THE SAME AND THE SUM IS DUE AND OWING AS OF TODAY'S DATE.
- THE CLAIMANT THEREFORE CLAIMS:
- A. THE SAID SUM OF £1,337.50.
- B. INTEREST THEREON AT THE RATE OF 8 PER CENT PER ANNUM PURSUANT TO SECTION 69 OF THE COUNTY COURTS ACT 1984 FROM TODAY'S DATE UNTIL JUDGMENT OR SOONER PAYMENT AT THE DAILY RATE OF £0.29P.

Statement of Truth

~~(I believe)~~ **(The Claimant believes)** that the facts stated in these particulars of claim are true.

* I am duly authorised by the Claimant to sign this statement

Full name

Name of Claimant's solicitor's firm **PORTNER AND JASKEL**

signed **PORTNER AND JASKEL**

position or office held

~~(Claimant)~~ ~~(Litigation friend)~~ **(Claimant's solicitor)** (if signing on behalf of firm or company)

**delete as appropriate*

MESSRS. PORTNER AND JASKEL

63/65 MARYLEBONE LANE

LONDON

W1M 5GB

DX: 9067 WEST END

Claimant's or Claimant's solicitor's address to which documents or payments should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.