

Claim No.

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

| | PROCEDURE |
|---|---|
| Parties | |
| <input type="text"/> | Claimant(s) |
| <input type="text"/> | Defendant(s) |
| <input type="text"/> | Additional Claimant(s) (Full name(s) & address(es)) |
| <input type="text"/> | Additional Defendant(s) (Full name(s) & address(es)) |
| If there is more than one [claimant] [defendant] [additional claimant] [additional defendant] please enter the full name of the [claimant] [defendant] [additional claimant] [additional defendant] filing this form: | |

| | |
|---|---------------------------------|
| <p>The [claimant(s)] [defendant(s)] [additional claimant(s)] [additional defendant(s)]</p> <p><input type="checkbox"/> discontinue(s) all of this [claim] [counterclaim] [additional claim]</p> <p><input type="checkbox"/> discontinue(s) that part of this [claim] [counterclaim] [additional claim] relating to</p> <p>against the [defendant] [following defendants] [claimant] [following claimants] [additional claimant] [following additional claimant(s)] [additional defendant] [following additional defendant(s)]</p> | |
| <p>granted permission for the [claimant] [defendant] [additional claimant] [additional defendant] to discontinue [all] [part] of this [claimant] [defendant] [additional claimant] [additional defendant] by order dated</p> | |
| <p>Note: Where another party must consent to the proceedings being discontinued, a copy of their consent must be attached to, and filed and served with, this form.</p> | |
| <p>I certify that I have served a copy of this notice on every other party to the proceedings</p> | |
| <p>Signed</p> <p>(type or print full name here)</p> <p style="text-align: right;">[Claimant] [Defendant] [additional claimant] [additional defendant] ['s advocate] [Litigation friend] <small>delete as appropriate</small></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> |