



Claim Form

In the High Court of Justice, Business and Property Courts of England and Wales, Chancery Division

Fee Account no.

Help with Fees -

Ref no. (if applicable)

H W F -

11 Apr 2022

For court use only

Claim no.

Issue date

PT-2022-000303

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

(1) **United Kingdom Oil Pipelines Limited** (Company Number: 007466708) of 5-7 Alexandra Road, Hemel Hempstead, Hertfordshire, HP2 5BS; and

(2) **West London Pipeline and Storage Limited** (Company Number: 01918796) of 5-7 Alexandra Road, Hemel Hempstead,

SEAL

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

Persons Unknown as further described in the attached rider

Brief details of claim

Claim for Injunctions as further described in the Particulars of Claim

Value

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

Defendant's name and address for service including postcode

£

Amount claimed

Court fee

Legal representative's costs

Total amount

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.

Claim No.

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

Particulars of Claim (~~attached~~) (to follow)


Statement of Truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

☐ I **believe** that the facts stated in these particulars of claim are true.

☒ **The Claimant** believes that the facts stated these particulars of claim are true. I **am authorised** by the claimant to sign this statement.

Signature



☐ Claimant

☐ Litigation friend (where judgment creditor is a child or a patient)

☒ Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day

Month

Year

7

APRIL

2022

Full name

DANIEL OWEN CHRISTOPHER TALFAN DAVIES

Name of claimant's legal representative's firm

FIELDFISHER LLP

If signing on behalf of firm or company give position or office held

PARTNER

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

RIVERBANK HOUSE

Second line of address

2 SWAN LANE

Town or city

LONDON

County (optional)

Postcode

E C 4 R 3 T T

If applicable

Phone number

03304607000

Fax phone number

DX number

Your Ref.

OTD/000162

Email