

Claim Form

In the High Court of Justice Up Business and Property Courts in Manches less List (ChD)

OFFICE COPY
Fee Account no.

PBA0002366

Help with Fees - Ref no. (if applicable)

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.

Claim no.

Issue date

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

JC Starr Holdings Limited (registered in the British Virgin Islands under the company number 1675877)
Offshore Incorporations Centre, Road Town, PO Box 957, Tortola, BRITISH VIRGIN ISLANDS

SEAL

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

FundingSecure Limited (in administration) (company number 08120200) Cg & Co Greg's Building, 1 Booth Street, Manchester M2 4DU

Brief details of claim

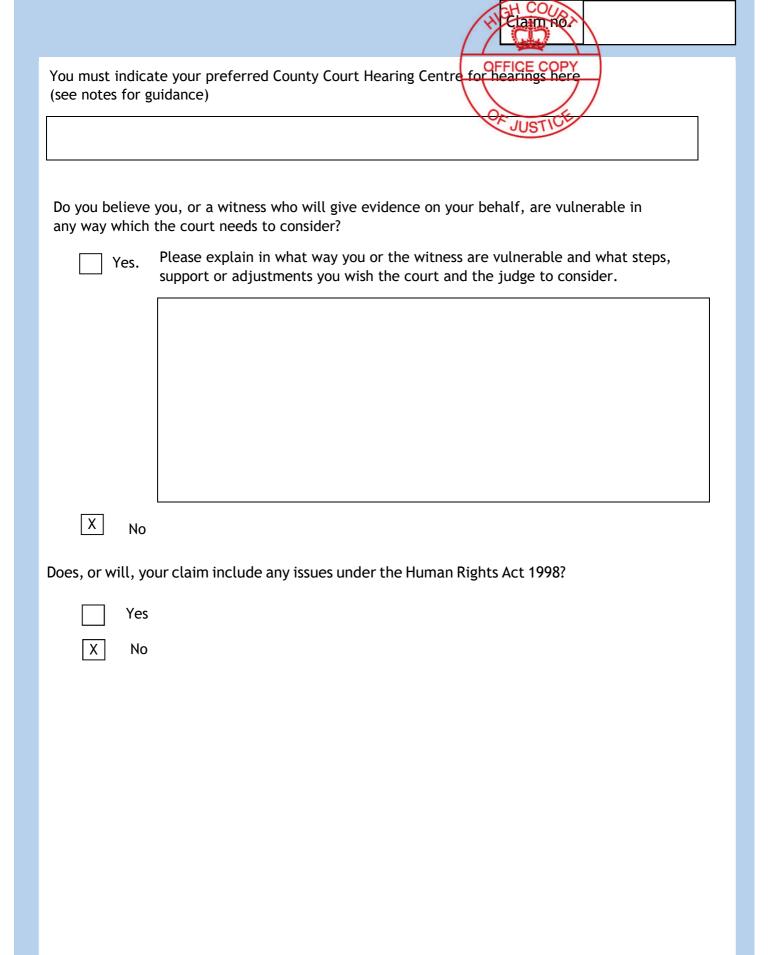
Please see the Particulars of Claim attached.

Value

Please see the Particulars of Claim attached.

Defendant's name and address for service including postcode FundingSecure Limited (in administration) Cg & Co Greg's Building 1 Booth Street Manchester M2 4DU

Amount claimed	See above
Court fee	10,000
Legal representative's costs	ТВС
Total amount	ТВС



Particulars of Claim
X attached
to follow



Statement of truth

OFFICE COPY I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a false statement in a document verified by a statement of truth Justil without an honest belief in its truth. I believe that the facts stated in this claim form and any attached sheets are true. The claimant believes that the facts stated in this claim form and any attached sheets are true. I am authorised by the claimant to sign this statement. Signature Claimant Litigation friend (where claimant is a child or protected party) X Claimant's legal representative (as defined by CPR 2.3(1)) **Date** Day Month Year 09 06 2023 Full name Simon John Fitzpatrick Name of claimant's legal representative's firm Boodle Hatfield LLP If signing on behalf of firm or company give position or office held

Note: you are reminded that a copy of this claim form

must be served on all other

parties.

Partner

Claimant's or claimant's legal representative's address to which documents should be sent. OFFICE COPY	
Building and street	
240 Blackfriars Road	
Second line of address	
Floor 10	
Town or city	
London	
County (optional)	
Postcode	
S E 1 8 N W	
If applicable	
Phone number	
DX number	
Your Ref.	
EKB SJF 505976.1	
Email	