**Form CFI 18**

**Rule 170**

**Notice of Discontinuance**

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| **Court of First Instance** |
| **Division\*** | [select division] |
| **Case number\*** | [case number] |

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| **Title of Proceedings** |
| **[First] Claimant\*** | [full name] |
| [Second Claimant] [number of Claimants (if more than two)] | [#full name #number] |
| **[First] Defendant\*** | [full name] |
| [Second Defendant] [number of Defendants (if more than two)] | [#full name #number] |

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| **Filing Details**  |
| **Filed for\*** | [name], [role of party, e.g. claimant] |
| **Legal representative** | [name] |
| **Firm** | [name of firm] |
| **Firm reference** | [reference number] |
| **Contact name\*** | [name] |
| **Contact telephone\*** | [telephone] |
| **Contact email\*** | [email address] |

| **Notice Details\*** *(complete as applicable)* |
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| 1. The [role of party] discontinues the whole of these proceedings.

or1. The [role of party] discontinues these proceedings so far as they concern [identify the claim or claims to be discontinued] as against [role of party].
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| **Signature\*** *(complete as applicable)* |
| **Signature of legal representative** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature of party if not legally represented** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Capacity (if not legal representative or party)** | [e.g. authorised officer] |
| **Date of signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |