**Form CFI 31**

**Rules 21 and 166**

**Certificate of Service**

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| --- |
| **Case Details**  |
| **Court / Division\*** | [select court/division]  |
| **Case number\*** | [case number] |

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

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

| **Certification**  |
| --- |
| **Name\*** | [name] |
| **Address\*** | [address] |
| **Occupation\*** | [occupation] |
| **Date\*** | [insert date of this certification] |
| **I**, [state name in full], certify as follows: |
| 1. I am over the age of 18 years.
2. On [date], I served [name of person served] with the following document(s):
3. [list and describe document(s) served. If document served is a filed document include the date the document was filed in the description, e.g. claim form filed (date).]
4. I served the documents by [specify method of service (see Rule 18)] [attach any supporting document which demonstrates that service was effected].
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| **Signature of person giving certificate\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of witness\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address of witness\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature of witness\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date witnessed\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |