FORM SCA 2

IN THE MAGISTRATES' COURT OF LAGOS STATE (SMALL CLAIMS)

COMPLAINT FORM (TO ACCOMPANY FORM SCA 3)

NB:
1. Please fill out the form legibly.
2. Attach copies of the documents (contracts, receipts, expert's report if applicable) etc. upon which the claim is based.
3. Submit this form to the Registry of Small Claims.

A. PARTICULARS OF CLAIMANT(S)

FULL NAME.....

WORK ADDRESS.....

.....

RESIDENTIAL ADDRESS.....

TELEPHONE NO.(S) & E-MAIL ADDRESS.....

Attach a list of other Claimant(s) (if more than one) with the required particulars.

B. PARTICULARS OF DEFENDANT(S)

FULL NAME.....

WORK ADDRESS.....

.....

RESIDENTIAL ADDRESS.....

TELEPHONE NO.(S) & E-MAIL ADDRESS.....

C. PARTICULARS OF CLAIM(S)

TOTAL SUM CLAIMED:.....

INTEREST:.....

COSTS:.....

OTHERS:.....

Attach a list of other Defendant(s) (if more than one) with the required particulars.

SUMMARISE YOUR COMPLAINT AND STATE THE STEPS YOU HAVE TAKEN TO RECOVER THE CLAIM:

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CLAIMANT'S SIGNATURE/ THUMP PRINT

DATE

FORM OF JURAT (If applicable)

Where the Commissioner has read the Affidavit to the Deponent.

SWORN at.....

This..... *day of*..... *before me, I have first truly distinctly and audibly read over the contents of this affidavit to the deponent who is "blind (or illiterate) and explained the nature and contents of the exhibits therein referred to in the*.....

.....*language when he appeared perfectly to understand the same and made his remark (or signature) thereto in my presence.*

Commissioner for Oaths