



Form: 111

## SERVICE PROOF FORM

Name & address of  
**Claimant(s) / Respondent(s)**

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Name & address of  
**Respondent(s) / Claimant(s)**

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### PROOF OF SERVICE

File Number: \_\_\_\_\_

1. I, \_\_\_\_\_, the Claimant / Respondent, has served the following documents on the Respondent(s) / Claimant(s):

Claim     Response     Counter Claim     Cross Claim     Third Party Claim

Documents supporting the above

Other (*Specify*) \_\_\_\_\_

2. All the above documents were served on the Respondent(s) / Claimant(s) by:

Registered post (*attach A/D card*)

Delivery by private service (*attach delivery receipt*)

Other Service (*describe service & attach proof*) \_\_\_\_\_

3. I, \_\_\_\_\_, affirm that all the above listed documents were served on \_\_\_\_\_ (Respondent(s) / Claimant(s)) on \_\_\_\_\_ (date) and that this service confirms to the requirements of the IIAM Rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_