

Form 2



OFFICE OF THE JUDICIARY
MAGISTRATES COURT
South Street Complex
New Providence, The Bahamas

CIVIL FORM

Name of Applicant/Plaintiff: _____
Date of Birth: _____ Street Address: _____
E-Mail : _____
Home Phone: _____ Work Phone: _____ Cell : _____
N.I.B #: _____ Passport #: _____ D/L#: _____
Other Form of Identification: _____

BANKING INFORMATION

Name of Bank: _____ Branch: _____ Account#: _____
Type of Account: _____

Name of Respondent/Defendant: _____
Date of Birth: _____ Street Address: _____
Home Phone: _____ Work Phone: _____ Cell : _____
N.I.B #: _____ Passport #: _____ D/L#: _____

NATURE OF MATTER

Civil Matter

Person to Person Corporate Person To Person

Judgment Granted YES NO

Amount of Judgment : \$ _____

IF Yes please state particulars below

Applicant's Signature

OFFICIAL USE ONLY

Case No. _____

Court No. _____

Court Date: _____