

# DIN TORAH APPLICATION FORM

בס"ד



Ref:

## תובע – Claimant 1

Name:   
Address:   
Tel: (home)   
Tel: (mobile)   
Email:

## תובע – Claimant 2 (If applicable)

Name:   
Address:   
Tel: (home)   
Tel: (mobile)   
Email:

## נתבע – Defendant 1

Name:   
Address:   
Tel: (home)   
Tel: (mobile)   
Email:

## נתבע – Defendant 2 (If applicable)

Name:   
Address:   
Tel: (home)   
Tel: (mobile)   
Email:

Brief Description of Case:

**Fees: A fee of £50 must be submitted with this application. This fee includes the administration and communication leading up to the Din Torah.**

**The cost of a hearing will be charged at £100 per hour to be shared equally between both parties.**

**No psak will be issued before payments has been made.**

**There will be an extra charge for a detailed written Psak.**

**Post Din Torah appointments will be billed separately.**

Signed: תובע- Claimant -----

Date -----

**Barclays Bank | Acc Name: Manchester Beth Din Ltd | Sort Code: 20-54-58 | Account N°: 43195546**

Company Limited by Guarantee No 7477967 Registered in England & Wales

מחלקת חשן משפט

**JEWISH LAW DIVISION**

**Manchester Beth Din**

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