

## **FORM RSSC 1**

IN THE SMALL CLAIMS COURT OF RIVERS STATE OF NIGERIA
IN THE MAGISTERIAL DISTRICT HOLDEN ATMAGISTERIAL DISTRICT
LETTER OF DEMAND FROM:
NAME
WORK ADDRESS
RESIDENTIAL ADDRESS
TELEPHONE NUMBERE-MAIL ADDRESS
TO: NAME
WORK ADDRESS
RESIDENTIAL ADDRESS TELEPHONE NUMBER
E-MAIL ADDRESS
SIR/MADAM <b>DEMAND:</b>
I (We) hereby claim from you:
(PLEASE STATE BRIEF PARTICULARS)
Unless you comply with this DEMAND within fourteen (14) days after receipt of this letter, Summons will be issued against you in the Small Claims Court.

**CLAIMANT'S SIGNATURE**