**(FORM 11) Rule 20**

**Small Claims Tribunal Order 2006**

**(Order under Article 83(3))**

**Brunei Darussalam**

**Claim No.SCT/\_\_\_\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claimant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respondent**

**REQUEST TO ENFORCE WORK ORDER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), **REQUEST YOU** to issue a process for the enforcement of the work order made by the Small Claims Tribunal in this matter on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the following reason:

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Dated this\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Claimant/Respondent

(*Also affix Company stamp if applicable*)

Name:

Designation:

Tel:

To: Registrar

Small Claims Tribunal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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