Notice of funding of case or claim

Notice of funding by means of a conditional fee agreement, insurance policy or undertaking given by a prescribed body should be given to the court and all
other parties to the case:

- on commencement of proceedings
- on filing an acknowledgment of service, other first document; and
- at any later time that such an arrangement is entered into, changed or terminated.

Take notice that in respect of

{ FORMCHECKBOX } all claims herein

{ FORMCHECKBOX } the following claims

{ FORMTEXT }

{ FORMCHECKBOX } the case of *(specify name of party)*

{ FORMTEXT }

{ FORMTEXT }{ FORMTEXT } being funded by:

(Please tick those boxes which apply)

{ FORMCHECKBOX } a conditional fee agreement

Dated { FORMTEXT }

which provides for a success fee

{ FORMCHECKBOX } an insurance policy issued on

Date	**Policy no**
{ FORMTEXT }	{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

Level of cover

{ FORMTEXT }

Are the insurance premiums staged?
{ FORMCHECKBOX } Yes   **{ FORMCHECKBOX }** No

If Yes, at which point is an increased premium payable

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

by

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

The funding of the case has now changed:

{ FORMCHECKBOX } the above funding has now ceased

{ FORMCHECKBOX } the conditional fee agreement has been terminated

{ FORMCHECKBOX } a conditional fee agreement

Dated { FORMTEXT }

which provides for a success fee has been entered into;

{ FORMCHECKBOX } an insurance policy

Dated { FORMTEXT }

has been cancelled

{ FORMCHECKBOX } an insurance policy has been issued on

Date	**Policy no**
{ FORMTEXT }	{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

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No

If Yes, at which point is an increased
premium payable

{ FORMTEXT **}**

{ FORMCHECKBOX **}** an undertaking given on

Dated   { FORMTEXT }

has been terminated

{ FORMCHECKBOX } an undertaking has been
giv **Dated**

{ FORMTEXT **}**

Name of prescribed body

{ FORMTEXT **}**

in the following terms

{ FORMTEXT **}**

Signed

Dated   **{** FORMTEXT **}**

Solicitor for the (claimant) (defendant)
(Part 20 defendant) (respondent) (appellant)

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> **Dated** **{** FORMTEXT **}**

> which provides for a success fee

{ FORMCHECKBOX **}** an insurance policy issued on

Date	**Policy no**
{ FORMTEXT **}**	**{** FORMTEXT **}**

Name and address of insurer
> **{** FORMTEXT **}**

Level of cover
> **{** FORMTEXT **}**

Are the insurance premiums staged?
{ FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No

If Yes, at which point is an increased premium payable

{ FORMCHECKBOX **}** an undertaking given on

> **Dated** **{** FORMTEXT **}**

by

Name of prescribed body
> **{** FORMTEXT **}**

in the following terms
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{ FORMTEXT **}**	**{** FORMTEXT **}**

Name and address of insurer
> **{** FORMTEXT **}**

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

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{ FORMTEXT }

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{ FORMTEXT }

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{ FORMTEXT }

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

Signed

Dated { FORMTEXT }

Solicitor for the (claimant) (defendant)
(Part 20 defendant) (respondent) (appellant)