

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

{ FORMTEXT }

Policy no

{ 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

In the

{ MERGEFIELD

TK_PICOURTDETS_tkCIVILCRT_name }

The court office is open between 10 am and 4 pm Monday to Friday. When writing to the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No.

{ MERGEFIELD

TK_PICOURTDETS_tkCLAIMNO }

Claimant

(include Ref.)

{ MERGEFIELD

"LINKNAME_FORENAME_1" }

{ MERGEFIELD

Defendant

(include Ref.)

{ IF { MERGEFIELD

TK_PIDEF1DETAIL_tkDEF1CONA

= "" "{ MERGEFIELD

{ 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

{ FORMTEXT }

Policy no

{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX } Yes { FORMCHECKBOX }

No

has been terminated

{ FORMCHECKBOX } an undertaking has been
giv Dated

If Yes, at which point is an increased
premium payable

{ FORMTEXT }

{ 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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(include Ref.)

{ MERGEFIELD

"LINKNAME_FORENAME_1" } { MERGEFIELD

Defendant

(include Ref.)

{ IF { MERGEFIELD

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Dated { FORMTEXT }

by

Name of prescribed body

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Date

{ FORMTEXT }

Policy no

{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

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{ FORMTEXT }

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FORMCHECKBOX } No

has been terminated

If Yes, at which point is an increased
premium payable

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

{ FORMTEXT }

{ FORMTEXT }

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

Signed

Dated

{ FORMTEXT }

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