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 { 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

{ 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 { MERGEFIELD Claimant (include Ref.) "LINKNAME FORENAME 1" } { MERGEFIELD { IF { MERGEFIELD Defendant (include Ref.) TK PIDEF1DETAIL tkDEF1CONA = "" "{ MERGEFIELD { FORMCHECKBOX } an undertaking given on Pated { 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 Pated { FORMTEXT } which provides for a success fee has been entered into: { FORMCHECKBOX } an insurance policy Dated { FORMTEXT } has been cancelled

In the

Name and address of insurer

been issued on

{ FORMTEXT }

Date

{ FORMCHECKBOX } an insurance policy has

Policy no -

{ FORMTEXT }

{ FORMTEXT }	{ FORMTEXT }

Level of cover	{ FORMCHECKBOX } an undertaking given on
{ FORMTEXT } Are the insurance premiums staged? { FORMCHECKBOX } Yes { FORMCHECKBOX } No	has been terminated { FORMCHECKBOX } an undertaking has been
If Yes, at which point is an increased premium payable { FORMTEXT }	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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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 Policy no			
{ FORMTEXT } { FORMTEXT }			
Name and address of insurer { FORMTEXT }			
Level of cover { FORMTEXT }			
Are the insurance premiums staged?			

{ FORMCHECKBOX } Yes { FORMCHECKBOX }

If Yes, at which point is an increased

premium payable

{ 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.)

| WERGEFIELD
| "LINKNAME_FORENAME_1" } {
| MERGEFIELD
|
| MERGEFIELD
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| TK_PIDEFIDETAIL_tkDEF1CONA
| = "" "{ MERGEFIELD

In the

(include Ref.)	TK_PIDEF1DETAIL_tkDEF1CON = "" "{			
·	BOX } an undertaking given on RMTEXT }			
by Name of pres	cribed body			
{ FORMTEXT }				
in the following t				
{ FORMTEX	(T }			
The funding of the case has now changed:				
{ FORMCHECKBOX } the above funding has now ceased				
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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			
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Level of cover	{ FORMCHECKBOX } an undertaking given
{ FORMTEXT }	On Dated
Are the insurance premiums staged? { FORMCHECKBOX } Yes { FORMCHECKBOX } No	{ FORMTEXT } has been terminated
If Yes, at which point is an increased premium payable { FORMTEXT }	{ FORMCHECKBOX } an undertaking has be; Dated in on { 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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