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

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	Policy no
{ FORMTEXT }	{ FORMTEXT }

> **Name and address of insurer**

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

Are the insurance premiums staged?
{ FORMCHECKBOX **}** Yes　　**{** FORMCHECKBOX **}** 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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> { FORMTEXT }

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(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 }

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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**
{ FORMTEXT }	{ FORMTEXT }

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

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** 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 be **Dated** n 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)