## 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 In the

{ MERGEFIELD

quote the claim number.

Claim No.

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

{ MERGEFIELD

TK PICOURTDETS\_tkCLAIMNO }

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

Claimant { MERGEFIELD (include Ref.) "LINKNAME FORENAME 1" } { MERGEFIELD Defendant { IF { MERGEFIELD (include Ref.) 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 Pated { 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 }

Level of cover  { FORMTEXT }  Are the insurance premiums staged?	Dated   FORMTEXT   has been terminated
{ FORMCHECKBOX } Yes { FORMCHECKBOX } No  If Yes, at which point is an increased premium payable	{ FORMCHECKBOX } an undertaking has been giv Dated  { FORMTEXT }  Name of prescribed body  { FORMTEXT }  in the following terms
Signed	{FORMTEXT}

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

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other parties to the case:

{ FORMCHECKBOX } Yes

premium payable

If Yes, at which point is an increased

No

- · on commencement of proceedings
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{ FORMCHECKBOX }

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 { MERGEFIELD (include Ref.) "LINKNAME FORENAME 1" } { MERGEFIELD Defendant { IF { MERGEFIELD (include Ref.) TK\_PIDEF1DETAIL\_tkDEF1CONA

In the

{ MERGEFIELD

	= "" "{ MERGEFIELD		
{ FORMCHECKBOX } an undertaking given on			
Dated { FORMTEXT }			
by Name of prescribed body			
{ FORMTEXT }			
in the following terms			
{ FORMTEX	T}		
The funding of the case has now changed:			
{ FORMCHECK ceased	BOX } the above funding has now		
{ FORMCHECKBOX } the conditional fee agreement has been terminated			
{ FORMCHECKBOX } a conditional fee agreement			
Dated { FORMTEXT }			
which providented into	des for a success fee has been ;		
{ FORMCHECKBOX } an insurance policy  Dated { FORMTEXT }			
has been ca	ncelled		

{ FORMCHECKBOX } an insurance policy has

Policy no

{ FORMTEXT }

been issued on

{ FORMTEXT }

{ FORMTEXT }

Name and address of insurer

**Date** 

{ FORMTEXT }		

Level of cover	{ FORMUNE CRBOX } 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 n on  { FORMTEXT }  Name of prescribed body  { FORMTEXT }  in the following terms  { FORMTEXT }
Signed —	Dated { FORMTEXT }
Solicitor for the (claimant) (defendant)	

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(Part 20 defendant) (respondent) (appellant)