

{INCLUDETEXT "C:\\Users\\neilb\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

{ QUOTE { DATE \@ "d"*Ordinal } } { QUOTE { DATE \@ "MMMM yyyy" } }

{ MERGEFIELD "FW_PRO_INV_SAV_FWTESSA_PRVDR_name" }
{ MERGEFIELD "FW_PRO_INV_SAV_FWTESSA_PRVDR_address" }

Dear Sirs

Deceased: { MERGEFIELD FW PRODCDETS 1 DECEASED FULLNM }
Account Number[s]: { MERGEFIELD "FW PRO INV SAV FWTESSA 1 NO" }
MERGEFIELD "FW PRO INV SAV FWTESSA 2 NO" \b", "
Address: { MERGEFIELD FW PRODCDETS 1 FWDCD PRV ADD1 \f",
"}{ MERGEFIELD FW PRODCDETS 1 FWDCD PRV ADD2
\f", "}{ MERGEFIELD
FW PRODCDETS 1 FWDCD PRV ADD3 \f" "}{ MERGEFIELD
FW PRODCDETS 1 FWDCD PRV ADDPC }
Date of Death: { MERGEFIELD FW PRODCDETS 1 FWDCD DT DTH
\@"d"*Ordinal } { MERGEFIELD
FW PRODCDETS 1 FWDCD DT DTH \@ "MMMM yyyy" }

Further in this matter, we now enclose an office copy grant of representation, together with the signed claim form. We should be grateful if you could process the claim and send a cheque for the proceeds to us.

We look forward to hearing from you as soon as possible.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

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