

Form of Authority

I confirm that having read all of the above information regarding my:

- a) Damages Based Agreement ("DBA")
- b) Conditional Fee Agreement ("CFA")
- c) ATE legal expense insurance policy

I would like you to act on my behalf and help me pursue my claim for damages on the basis of the DBA and CFA, with the protection from legal costs as provided by the ATE legal expense insurance policy.

I irrevocably authorise you to have any damages I recover paid to your firm and for you to deduct your agreed charges, as per the DBA and CFA, in the event that my claim is successful, and for you to further deduct the ATE legal expense insurance premium, where appropriate, and pay this to the insurer on my behalf.

Please sign below to indicate that you have accepted all above terms

Signed:  _____