# 74.

E-FORM

P.6, r.10 FJ(G)R 2024

## Certificate by Solicitor Acting for Litigation Representative

(Title as in action)

**CERTIFICATE BY SOLICITOR ACTING FOR LITIGATION REPRESENTATIVE**

I, Enter name here of Enter law firm here, counsel for Enter name of litigation representative here, the litigation representative, hereby certify that I know (or believe) that:

1. *State the party’s disability.*

☐ The party is below 21 years old.

☐ The party lacks mental capacity.

1. *State the reasons for your belief in (a).*

☐ I have the evidence of the party’s date of birth.

☐ I have a medical report which states the party’s incapacity.

☐ Others: Please state reasons here.

1. Does the litigation representative have any adverse interest to the party?

☐ No.

☐ Yes. The litigation representative cannot conduct the proceedings on behalf of the party.[[1]](#footnote-1)



Counsel for the Enter party type here.

Enter counsel’s name, address, email address and telephone number here.

Date: Enter date here.

1. If you selected “yes”, you should not file this Certificate. [↑](#footnote-ref-1)