



HERBERT
SMITH
FREEHILLS

Applicant's details		
1.	Full name (including any middle names)	
2.	Previous name(s) at time of conviction (if any)	
3.	Date of birth	
4.	Current postal address	
5.	All previous addresses since date of conviction (if different to the above and if you have changed your address since your conviction)	
6.	Email address	
7.	Contact telephone number	



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8.	<p>What was your role in connection with Post Office (ie postmaster, branch assistant/manager or Crown Office employee)? If you were not a postmaster, please provide further details of your role (including length and terms).</p>	
<p>Application on behalf of someone else</p>		
9.	<p>Are you applying on behalf of someone else? If yes, please set out (i) your details, and (ii) your relationship with the applicant.</p> <p>Please also attach to this application evidence of your authority to act on the applicant's behalf.</p>	
<p>Details of your potential civil claim against Post Office (please complete even if you have sent a Letter of Claim to Post Office)</p>		
10.	<p>Please could you briefly explain what losses or damages you intend to claim for in your civil claim and the expected value of your claim, where known.</p>	
11.	<p>In order to allow us to assess your claim, please confirm in particular whether you intend to claim for the specific losses set out below. Please provide any further details in respect of those claims, including the expected claim values.</p>	
a.	<p>Were you required to pay any money at the time of or following your conviction (eg did you repay a shortfall or receive a confiscation order or a compensation order)? If so, please provide details.</p>	
b.	<p>Loss of reputation (including any loss of earning capacity) – if so, please provide details</p>	



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c.	<i>Loss of business or property</i>	
d.	<i>Personal injury or distress and inconvenience</i>	
e.	<i>Bankruptcy or insolvency related costs or losses</i>	
f.	<i>Prosecution related costs or losses – if so please specify</i>	
g.	<i>General damages such as loss of liberty, exemplary damages or aggravated damages</i>	
h.	<i>Any other key heads of losses – if so, please specify</i>	
<i>Additional Details</i>		
12.	<i>What was your annual income (gross of tax) prior to your prosecution?</i>	
13.	<i>What is your current income (gross of tax)?</i>	
14.	<i>Have you received any settlement payments from Post Office in the past (for example as part of the Group Litigation or under Network Transformation)? If so, please provide details and confirm the amount received.</i>	
15.	<i>Do you receive any social security benefits? If yes, please set out details.</i>	



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16.	<p><i>Have you previously been, or are you currently subject to, any bankruptcy process, debt relief orders, individual voluntary arrangements (IVAs), company voluntary arrangements (CVAs) or any other insolvency procedures?</i></p> <p><i>If yes, please set out details, including the details of your assigned Bankruptcy Trustee.</i></p>	
17.	<p><i>Is there any further information or other relevant factors you would like us to consider when assessing your interim payment application?</i></p>	
Statement of truth		
<p><i>By signing this document I confirm that all of the information provided in this application form is true and correct to the best of my knowledge and belief.</i></p> <p><i>If you are unable to print and scan this form we will accept an electronic signature. Please tick this box if you are submitting an electronic signature.</i></p> <p><input type="checkbox"/></p>		
Signed		
Name		
Date		