

Applicant's details				
1	Full name			
2	Previous name(s) at time of conviction (if any)			
3	Postal address			
4	Email address			
5	Contact telephone number			
6	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).			
Application on behalf of someone else				
7	Are you applying on behalf of someone else? If yes, please set out (i) your details, and (ii) your relationship with the applicant. Please also attach to this application evidence of your authority to act on the applicant's behalf.			



Section 10 to 10 t		
Details a Lette	of your potential civil claim against Por r of Claim to Post Office)	ost Office (please complete even if you have sent
8	Please could you briefly explain wha your civil claim and the expected va	at losses or damages you intend to claim for in lue of your claim, where known.
9	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.	
a.	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.	
b.	Loss of reputation (including any loss of earning capacity) – if so, please provide details	
c.	Loss of business or property	



d.	Personal injury or distress and inconvenience	
e.	Bankruptcy or insolvency related costs or losses	
f.	Prosecution related costs or losses – if so please specify	
g.	General damages such as loss of liberty, exemplary damages or aggravated damages	
h.	Any other key heads of losses – if so, please specify	
Additio	nal Details	
10	What was your annual income (gross of tax) prior to your prosecution?	
11	What is your current income (gross of tax)?	
12	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.	
13	Do you receive any social security benefits? If yes, please set out details.	
14	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?				
	If yes, please set out details,				
	including the details of your				
	assigned Bankruptcy Trustee.				
	Is there any further information or or consider when assessing your inter	ther relevant factors you would like us to im payment application?			
45					
15					
Stateme	Statement of truth				
	ing this document I confirm that all nformation provided in this				
application form is true and correct to the					
best of	my knowledge and belief.				
If vou a	re unable to print and scan this				
	e will accept an electronic signature.				
Please tick this box if you are submitting					
an elec	tronic signature.				
Signed					
Name					
Date					
Date					