

Change of Address/Update Details Form

Name - _____

Old Address - _____

New Address - _____

Contact Number - _____

Email Address - _____

Name of Claim Group(s) - _____

Would you like to receive our newsletters? Please tick or cross your preference:

- Yes, I would like to receive correspondence via post and email
- Yes, I would like to receive correspondence via post only
- Yes, I would like to receive correspondence via email only
- No, I would not like to receive any newsletters (Please note; you will still receive any relevant legal correspondence about claims in progress if you mark this box, but you won't receive any newsletters or general updates)

Signed - _____