

**Coffin Mew Solicitors – Wills, Trusts & Probate**  
**Compensation Protection Trust:**  
**Instructions to be completed by the compensated person/upon their behalf**

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1. THESE INSTRUCTIONS CAN BE CHANGED BEFORE SIGNING THE FINAL DOCUMENTS.
  2. THE DETAILS TO BE COMPLETED ARE THOSE OF THE COMPENSATED PERSON
  3. DO NO FORGET TO SIGN THIS FORM.
  4. IF YOU NEED MORE SPACE PLEASE USE THE 'NOTES' SECTION OR ADD A SEPARATE SHEET.
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1. Please state the name of the individual Solicitor and the Solicitor's firm acting in the claim for compensation in capitals:

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2. Please state your **full** name in capitals:

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3. Please state what is expected to be received in compensation. An estimate will suffice.

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4. Please state the date of the accident/incident for which compensation is being claimed and the general nature of the accident/incident e.g. RTA in capitals.

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5. Please state your **full** address and postcode in capitals:

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6. Please state your date of birth:

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7. Please state your telephone number with STD code and mobile number:

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8. Please state your e-mail address if you would like us to communicate by e-mail:

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9. Please state your national insurance number. If you do not know just state 'Don't know'.

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10. Please your tax reference number and tax office address.

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11. Please state your marital status.

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12. If married, what is the name of your spouse?

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13. Please list the names and family relationship of all those living in the same household as you. If under age 16 please state 'under 16'. If none please state 'None'.

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14. Please list any benefits currently received by or recently applied for which are being paid or have been applied for by you, your spouse. Only rough details are required.

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15. Please state the local benefits office address and reference number for benefits paid currently. Please also include details of any local authority office and reference for any benefits paid by them.

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16. Please state any special family circumstances eg. divorce proceedings and special needs of close family members.

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