



Monster Claims

www.monsterclaims.co.uk

Instructing Third Parties

Authority

I / We :

Client Name: _____

DOB:

D	D	M	M	Y	Y
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Client Name: _____

DOB:

D	D	M	M	Y	Y
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Client Current Address

Authorise Monster Claims Limited to instruct solicitors on my behalf. This is only on the provision that I may withdraw this authorisation and instruct a solicitor of my choice and I am aware that this authorisation does not in any way effect my statutory rights and that any solicitor instructed by Monster Claims Limited will contact me and provide full details of their services and that the final instruction of the solicitors will be my decision.

Client Name (Printed): _____ Signature: _____

Date: _____

Client Name (Printed): _____ Signature: _____

Date: _____



Registered in England
& Wales as Limited Company
Registration Number – 6570217
Claims management Number 12997