

HERBERT
SMITH
FREEHILLS

ANNEX 1

POST OFFICE LIMITED OVERTURNED CONVICTIONS INTERIM PAYMENTS

Application form for overturned conviction interim payment

Please read this information before completing the application form.

Please only complete one application form. Please answer all questions on the form and provide as much detail as possible. The personal information requested in the application form enables Post Office to conduct any relevant checks required for the purpose of progressing your application.

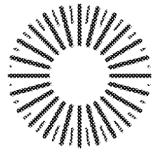
If any additional information is required to help progress your application, you will be contacted about this by email.

Applications (along with any supporting material or evidence) and other communications should be sent by email to HSFPPostOfficeOC GRO

*In order to be eligible for an interim payment, you must **have had a criminal conviction arising from your involvement with Post Office which has now been overturned**. You can apply on behalf of another who meets these criteria provided you can demonstrate that you are authorized to act on their behalf. If you are claiming on behalf of an insolvent estate, you must provide evidence of your authority to act on behalf of the relevant insolvency officeholder (e.g. trustee in bankruptcy or official receiver) or other relevant officeholder.*

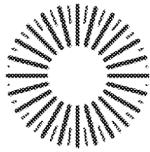
Please note that payments will be offered at Post Office's sole discretion and may not be offered in all cases.

If you have any questions about interim payments, please contact HSFPPostOfficeOC GRO

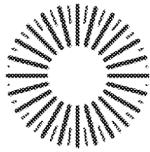


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<i>Applicant's details</i>	
1.	<i>Full name (including any middle names)</i>
2.	<i>Previous name(s) at time of conviction (if any)</i>
3.	<i>Date of birth</i>
4.	<i>Current postal address</i>
5.	<i>All previous addresses since date of conviction (if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

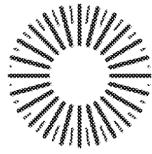


8.	<p><i>What was your role in connection with Post Office (ie postmaster, branch assistant/manager or Crown Office employee)? If you were not a postmaster, please provide further details of your role (including length and terms).</i></p>	
<i>Application on behalf of someone else</i>		
9.	<p><i>Are you applying on behalf of someone else? If yes, please set out (i) your details, and (ii) your relationship with the applicant.</i></p> <p><i>Please also attach to this application evidence of your authority to act on the applicant's behalf.</i></p>	
<i>In order to allow us to speed up the resolution of your wider claim against POL, please could you also supply details of your potential civil claim against Post Office</i>		
10.	<p><i>Do you intend to accept the £600k up-front offer announced by the Department of Business and Trade ("the DBT Offer") instead of bringing a claim for your actual losses? If you have not yet decided whether to do so or not, please state "Uncertain". Please note that the position you take in relation to the DBT Offer will not affect your application for an interim payment.</i></p>	
11.	<p><i>Unless you plan to accept the DBT Offer, 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.</i></p>	
12.	<p><i>Please confirm 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.</i></p>	

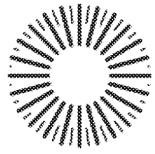


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a.	<i>Did you pay any sums to POL before the date of the audit of your PO branch in relation to shortfalls experienced in branch either via deduction from remuneration or direct payment (e.g. transferring cash from a retail business to POL)? If so, could you please set out the approximate amount paid and the approximate dates these sums were paid?</i>	
b.	<i>Were you required to pay any money at the time of or following the audit which ultimately resulted in your conviction (eg did you repay a shortfall or receive a confiscation order or a compensation order)? If so, please provide details.</i>	
c.	<i>Loss of reputation (including any loss of earning capacity) – if so, please provide details</i>	
d.	<i>Loss of business or property</i>	
e.	<i>Personal injury or distress and inconvenience</i>	
f.	<i>Bankruptcy or insolvency related costs or losses</i>	
g.	<i>Prosecution related costs or losses – if so please specify</i>	
h.	<i>General damages such as loss of liberty, exemplary damages or aggravated damages</i>	
i.	<i>Were you a member of a POL pension scheme or any other private pension scheme? If so, please provide details.</i>	
j.	<i>Any other key heads of losses – if so, please specify</i>	
<i>Additional Details</i>		

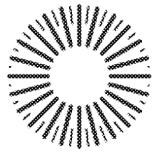


13.	<i>What was your annual income (gross of tax) prior to your prosecution?</i>	
14.	<i>What is your current income (gross of tax)?</i>	
15.	<i>Have you received any settlement payments from Post Office in the past (for example under Network Transformation)? If so, please provide details and confirm the amount received.</i>	
16.	<i>Do you receive any social security benefits? If yes, please set out details.</i>	
17.	<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>	
18.	<i>Is there any further information or other relevant factors you would like us to consider either in connection with your interim payment application or in connection with your wider claim?</i>	
<p>Statement of truth</p> <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.</i></p> <p><i>Please tick this box if you are submitting an electronic signature.</i></p> <p><input type="checkbox"/></p>		



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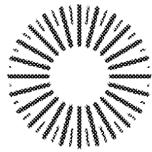
<i>Signed</i>	
<i>Name</i>	
<i>Date</i>	



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ANNEX 2
INSOLVENT OR BANKRUPT APPLICANTS
FURTHER INFORMATION REQUIRED

If an applicant is or has been the subject of any insolvency proceeding or process (including bankruptcy, sequestration, individual voluntary arrangement (**IVA**), deeds of trust under Scots law, debt relief orders and other debt management procedures, whether involving formal court proceedings or not), please verify whether such proceeding or process has resulted in any express, implied or deemed transfer of the claim to any other person (for example, a bankruptcy trustee, whether or not the Official Receiver, the supervisor of an IVA or a debt management organization). If any transfer has occurred, please obtain and provide us with evidence of your authority to submit a claim on behalf of the transferee.

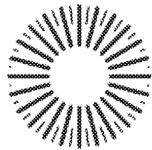


ANNEX 3

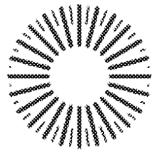
REPRESENTATIVES OF DECEASED AND INCAPACITATED APPLICANTS

FURTHER INFORMATION REQUIRED

Applicant's Situation	England & Wales	Scotland	Northern Ireland
Deceased Applicant			
Deceased Applicant with a will	<ul style="list-style-type: none"> Personal representative (including executors) – Grant of Probate or copy of will and death certificate if probate has not been granted 	<ul style="list-style-type: none"> Executor – Certificate of confirmation from the Sheriff Court. 	<ul style="list-style-type: none"> Personal representative (including executors) – Grant of Probate or copy of will and death certificate if the estate was worth less than £10,000 or passed by survivorship
Deceased Applicant with no will	<ul style="list-style-type: none"> Personal representative – Grant of Letters of Administration 	<ul style="list-style-type: none"> Executor – Certificate of confirmation from the Sheriff Court. 	<ul style="list-style-type: none"> Personal representative – Grant of Letters of Administration
Living Applicant			
Applicant has capacity	<ul style="list-style-type: none"> Power of Attorney – a copy of the power of attorney 	<ul style="list-style-type: none"> Written Mandate – a written mandate, signed by the Applicant, which authorises a specified person to make an application to the Scheme on the Applicant's behalf. There is no legally prescribed form for such a mandate. 	<ul style="list-style-type: none"> Power of Attorney – a copy of the power of attorney
Incapacitated Applicant – by reason of mental disorder	<ul style="list-style-type: none"> Lasting Power of Attorney – a copy of the power of attorney Deputyship order – a copy of the Deputyship order 	<ul style="list-style-type: none"> Continuing Power of Attorney (also known as Financial Power of Attorney) – copy of the power of attorney and a 	<ul style="list-style-type: none"> Next Friend – a copy of a court judgment appointing a Next Friend or a certificate from a solicitor confirming that (i) the Applicant has



	<p>from the Court of Protection</p>	<p>copy of the certificate of registration for that power of attorney evidencing its registration with the Office of the Public Guardian</p> <ul style="list-style-type: none"> • Intervention Order – a copy of the interlocutor (i.e. the court order) appointing the authorised person and detailing the intervention authorised by the court and a copy of the certificate of registration of the Intervention Order with the Office of the Public Guardian • Guardianship Order – a copy of the interlocutor (i.e. the court order) appointing him or her as guardian and detailing his or her powers and a copy of the certificate of registration of the guardianship order with the Office of the Public Guardian 	<p>a disability, (ii) that there is no one appointed by the court as a Next Friend or Guardian ad Litem, and (iii) that the named Next Friend does not have any contrary interests to the Applicant.</p> <ul style="list-style-type: none"> • Guardian ad Litem – a copy of a court judgment appointing a Guardian ad Litem or a certificate from a solicitor confirming that (i) the Applicant has a disability, (ii) that there is no one appointed by the court as a Next Friend or Guardian ad Litem, and (iii) that the named Guardian ad Litem does not have any contrary interests to the Applicant.
<p>Incapacitated Applicant – where the Applicant</p>	<ul style="list-style-type: none"> • Lasting Power of Attorney – a copy 	<ul style="list-style-type: none"> • Continuing Power of Attorney (also 	<ul style="list-style-type: none"> • Enduring Power of Attorney registered with



<p>cannot manage their financial affairs but is still mentally capable (e.g. due may arise where the Applicant is elderly)</p>	<p>of the power of attorney</p> <ul style="list-style-type: none"> Deputyship order – a copy of the Deputyship order from the Court of Protection 	<p>known as Financial Power of Attorney) – copy of the power of attorney and a copy of the certificate of registration for that power of attorney evidencing its registration with the Office of the Public Guardian</p> <ul style="list-style-type: none"> Intervention Order – a copy of the interlocutor (i.e. the court order) appointing the authorised person and detailing the intervention authorised by the court and a copy of the certificate of registration of the Intervention Order with the Office of the Public Guardian <ul style="list-style-type: none"> Guardianship Order – a copy of the interlocutor (i.e. the court order) appointing him or her as guardian and detailing his or her powers and a copy of the certificate of registration of the guardianship order with the Office of the Public Guardian 	<p>the Office of Care and Protection – stamped copy of the power of attorney from the Office of Care and Protection and consent of the Master</p> <ul style="list-style-type: none"> Enduring Power of Attorney – certified copy of the power of attorney
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