

OFFICIAL-
SENSITIVE
Department for
Business & Trade

Horizon Convictions Redress Scheme: Preliminary payment application form

You must answer every question on this form to the best of your knowledge and belief. We cannot progress your redress payments without the information requested here.

You will need to complete this form and have your identity verified to receive payment. We will explain to you or your solicitor what is required to verify your identity.

Once completed, please send the form to

horizonconvictionsredress@**GRO**

Applicant details

Applicant full name The applicant is the person who was previously convicted.	
Scheme Unique Reference Number (URN) Your URN is on the letter informing you that your conviction has quashed. If you have not received a letter, you will need to register for the scheme to receive your URN.	
Bank details Please provide the details for where you want the preliminary payment to be sent. Please note, it is scheme policy to pay redress payments directly to the person entitled to redress and therefore we will not pay this money into a solicitor's client account.	Name on account:
	Account number:
	Sort code:
Linked applications Have you submitted an application already to another Post Office related scheme, for example: <ul style="list-style-type: none">• Horizon Shortfall Scheme• Overturned Convictions process• Group Litigation Order scheme• Suspension Remuneration Review If yes, please confirm which scheme.	

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Linked applications with another

Are you related to somebody who has made an application to in any of the Horizon Redress Schemes, i.e.:

- the Horizon Convictions Redress Scheme
- the Horizon Shortfall Scheme
- the Overturned Convictions process
- the Group Litigation Order Scheme

This might be a family member, spouse (even if separated) or business partner, etc.

If yes, please provide their full name and which scheme they have applied to (if known).

Bankruptcy details

Were you declared bankrupt or subject to an Individual Voluntary Arrangement (IVA)?

* **Yes**


* **No**

If YES, please provide the details requested below:

This is so that we can contact your trustee in bankruptcy to confirm that they will not claim any part of your redress payment to pay creditors, so long as your bankruptcy was discharged before the date of your conviction was overturned. If you entered an IVA, we will contact the supervisor.

Fill for bankruptcies	
Your trustee in bankruptcy – the name and contact details	
The date you were declared bankrupt	
Has your bankruptcy been discharged? Please provide the date	

Fill for Individual Voluntary Arrangements (IVAs)	
Your IVA supervisor – the name and contact details	
The date you entered	

 OFFICIAL- SENSITIVE Department for Business & Trade into an IVA	
Has the IVA completed? Please provide the date	

Declaration regarding your application

Background

The Post Office (Horizon System) Offences Act 2024 and the Post Office (Horizon System) Offences (Scotland) Act 2024 were passed in light of fundamental problems in the Post Office investigation and prosecution process. That process included relying on flawed computer evidence, inappropriate interviews, failure to disclose and investigate Horizon issues and unfair pressure to admit dishonesty offences, such as false accounting.

Declaration

By signing this document, I confirm that:

*I am applying for financial redress because of damage suffered (financial and/or personal) by **either**:*

- me, the wrongly convicted person (applying for myself) **or***
- the wrongly convicted person whom I am representing (applying for someone else) for whom I have lawful authority to act; or*
- the estate of a wrongfully convicted person in respect of which I have authority to act*

due to Horizon shortfalls [and/or] the prosecution [and/or] the investigation [and/or] conduct by the Post Office.

I understand that if I give false or misleading information in support of my application or make a fraudulent application I may:

- be subject to court proceedings*
- have to re-pay any money I was not entitled to*


This section needs to be signed by the person whose conviction has been quashed (the applicant).

If the applicant is dead, the person with legal authority to administer their estate can sign on behalf of the estate.

If the applicant is incapacitated, the person with the legal authority to act on their behalf can sign on their behalf.

A solicitor supporting with the application cannot sign this declaration on the applicant's behalf.

Signed	
Print name	

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Date	

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