

LCM APPLICATION FORM

1. APPLICANT'S DETAILS

Name:

Address:

Telephone: Mobile:

Email:

Contact person:

2. DETAILS OF INSOLVENCY FILE (IF APPLICABLE)

Name of person/company subject to the appointment:

Type of appointment: Date appointed:

Amount of available funds: Amount of unpaid remuneration:

3. THE CLAIM

Defendants:

Description of claim:

In which Court will proceedings be issued:

Amount of the claim:

How did you calculate this?

What do you know about the ability of the defendants to meet the amount of the claim:

4. STATUS OF THE CLAIM FOR WHICH FUNDING IS SOUGHT

Please tick the appropriate box:

- Preliminary investigations
- Proceedings ready to be issued
- Proceedings issued
- Trial of proceedings is imminent

5. DETAILS OF LEGAL ADVISORS

Name of solicitor:

Firm:

Telephone: Mobile:

Email:

Do you regularly use this practitioner?

If not, why presently retained:

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Amount of fees paid in respect of claim:

Amount, if any, of unpaid fees:

.....

Name of any counsel retained:

Amount, if any, of unpaid fees:

6. DETAILS OF LEGAL ADVICE RECEIVED

Date of each written opinion (copy must be provided)

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Have you received any oral advice:

If yes, please provide details:

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Can LCM contact the providers of the opinion to discuss? Yes No

7. ESTIMATED COSTS FOR WHICH FUNDING IS REQUIRED

Solicitors:

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Counsel:

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Experts:

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Disbursements:

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Who prepared these estimates and how?

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(provide a copy of any budgets prepared by solicitors)

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8. SECURED CREDITORS

Does any party have any security interest over the claim? Yes No

If yes, please provide details:

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9. OTHER LITIGATION FUNDING APPLICATIONS

Have you applied or do you intend to apply to any other litigation funder in respect of the claim the subject of this Proposal Form?

Yes No

If yes, please advise to who, when and the current status of the application:

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10. HOW DID YOU HEAR OF LCM - PLEASE TICK

- Previous dealings
- Referred by someone else please advise who
- Internet search
- Other (please specify)

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11. PREVIOUS INVOLVEMENT IN LITIGATION

Have you previously been a party to any other litigation?

Yes No

12. CONSENT

I consent to having LCM Finance store my submitted information so they can respond to my inquiry.

13. DISCLOSURE

I hereby confirm that all of the information contained in this Proposal is correct to the best of my knowledge and belief. I am not aware of any material information that has been excluded.

Signed

.....
Name

.....
Date

Please return signed form to:
by email

Att: Patrick Moloney
applications@lcmfinance.com

or by mail

LCM LITIGATION FUND PTY LTD

Level 12, The Chifley Tower,
2 Chifley Square
Sydney NSW 2000

This Proposal Form, including any documents attached to it (which form part of and are incorporated into the Proposal) and all future communications in connection with this Proposal are confidential, made at a time when litigation is either in existence or contemplated, provided for the sole purpose of such litigation and provided without any intention to waive legal professional privilege.