

POSSIBLE GROUP ACTION INFORMATION SHEET

FULL NAMES _____

SURNAME _____

IDENTITY NUMBER _____

RESIDENTIAL ADDRESS _____

TELEPHONE NUMBER (W) _____

TELEPHONE NUMBER (H) _____

CELL PHONE NUMBER _____

E-MAIL ADDRESS _____

I, the undersigned

_____,
do hereby agree that my personal information may be
used in a group action.

Signature

I further agree that fees will be dealt with on a no win
no fees basis and not exceeding 25% of the capital
recovered, exclusive of disbursements.

Signature