



FEE OFFER RESPONSE SLIP

Please tick the box that you feel most applies to you. Where applicable, please provide further information in the spaces provided.

- YES, I/we** would like to accept the offer of the Fee Reduction and proceed with **my/our** entitlement claim
 - I/we have enclosed the Fee Agreement, Letter of Authority and/or Power of Attorney
 - Please send **me/us** a new Fee Agreement, Letter of Authority and/or Power of Attorney
- NO, I/we** do not wish to use your services because (Please provide details below):

Are there any specific comments you would like to make about our service?

OPTIONAL INFORMATION

 **NAME**

 **TELEPHONE**

 **EMAIL**

THANK YOU for completing this form. Please send it back in the enclosed prepaid envelope.