

# Request for Investment Decision

In the \_\_\_\_\_ Division of the High Court

Pursuant to Order dated

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\_\_\_\_\_ District Registry/County Court

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Claim No. \_\_\_\_\_ Fund No. \_\_\_\_\_ CFO A/c No. \_\_\_\_\_

Majority Date (CFO use)

Full Account Title \_\_\_\_\_

**1. Current Funds In Court**

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**2. Investment Requirement: Total to be invested is**

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(For interest, see part 14)

Name	Address (in BLOCK CAPITALS)	8. Policy (tick one box only)	14. (a) Are there any restrictions for the investment policy? If yes, please state.
3. Litigation Friend		Capital Growth Only <input type="checkbox"/> Capital Growth and Income <input type="checkbox"/> Maximum Income <input type="checkbox"/> Place all funds on Special <input type="checkbox"/>	b) Is the Litigation Friend aware that if there are more than five years to majority and £10,000 or more to invest, part of the fund may be invested in Unit Trusts or similar investment vehicles?  <input type="checkbox"/> Y Please go to section 13 <input type="checkbox"/> N/A If less than five years or amount less than £10,000
4. Solicitor's name and reference		9. Income Directions  Re-invest in special account <input type="checkbox"/> Pay Litigation Friend <input type="checkbox"/> Special instruction (Please specify in box 14(a)) <input type="checkbox"/>	
5. Beneficiary's name in full	(If different from Litigation Friend's address, give full address)	10. Income required (if appropriate)  £ _____ per annum	15. Is there a Legal Aid Charge? <input type="checkbox"/> Y <input type="checkbox"/> N  if Yes, give ref. _____
6. Date of Birth	Birth Certificate seen (please circle appropriate box)	11. Other income (if any) of beneficiary is  £ _____ per annum	
7. Majority Direction	(please circle appropriate box)	12. Is the beneficiary liable for Income Tax?  <input type="checkbox"/> Y <input type="checkbox"/> N	16. Interest prior to order date (a) To be paid out to defendant's Solicitors (complete Form 200) <input type="checkbox"/> (b) To go to fund <input type="checkbox"/>
Advice from Private Advisors (please attach)		13. Specific known liabilities of beneficiary (a) _____ (b) _____	

Signed \_\_\_\_\_ Date \_\_\_\_\_  
**(Master/District Judge/Checking Officer)**

**Authentication Stamp**

**Advice from Private Advisors (please attach)**

**For CFO use only**

# Investment Schedule

The Accountant General is directed to invest the following sum(s):

## CFO use only

Schedule No	<input type="text"/>	Date Schedule Received	<input type="text"/>
A/c No	<input type="text"/>		
A/c No Carry over	<input type="text"/>	<input type="text"/>	Init. <input type="text"/>
Completed	<input type="text"/>	Init.	Ack sent <input type="text"/>
			Init.

CFO 205	Amendments/ Fiche ref	
Securities Branch to note		
Withdraw Basic	£ <input type="text"/>	Init.
Raise/Withdraw/Place/Special *	£ <input type="text"/>	Init.

Pay or invest in:

Nominal/Cash *	Description of Security	Security Amount & Number	Transaction Details
		<input type="text"/>	Bought for £ <input type="text"/> p <input type="text"/> on <input type="text"/> Init.
		<input type="text"/>	Bought for £ <input type="text"/> p <input type="text"/> on <input type="text"/> Init.
		<input type="text"/>	Bought for £ <input type="text"/> p <input type="text"/> on <input type="text"/> Init.

\* Delete as appropriate

### Authentication Stamp

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Investment Manager/Officer