

File Reference: «FeeEarnerResponsible_Initials»«Reference»
Client name: «Name»
Date of this notice: «Date»

COMMENCEMENT OF WORK REQUEST

Please complete, detach and return this form to us **if you wish us to commence work within 14 days of concluding your contract with us.**

Please note that we will be unable to start work on your instructions until we have received this notice from you.

If you sign and return this form you will still have the right to cancel this contract within 14 days of the date of this form but you will be required to pay a reasonable amount for the work done up to the point at which you notify us of the cancellation.

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Return to: Bolton Office: Parkview Solicitors Ltd, Hamill House, 112-116 Chorley New Road, Bolton, Greater Manchester, BL1 4DH
Fax To: 03333447340 info@parkviewsolicitors.co.uk

Burnley Office: Parkview Solicitors Ltd, Northbridge House, Elm Street, Burnley BB10 1PD, Fax: 03333447340
info@parkviewsolicitors.co.uk

Manchester Office: Parkview Solicitors Ltd, City View House, 5 Union Street Ardwick Manchester M12 4JD Fax: 03333447340
info@parkviewsolicitors.co.uk

By accepting these (attached) terms and conditions you consent to the charging basis, retentions and other conditions set out in the (attached) terms of business and client engagement covering letter and thereby authorise us to carry out work and incur disbursements as provided in these terms. Unless otherwise agreed, and subject to the application of the then currently hourly rates, these terms shall apply to any future instructions given by you to us. Your continuing instructions in this matter will amount to an acceptance of these terms of business.

I/We confirm I have read and understood the (attached) terms of business accompanying the covering letter and I/We hereby give notice that I/we wish you to commence acting in relation to my/our contract for the supply of the services: If acting as the representative for the above-named client, I/We confirm that I/We are willing to act as Guarantor for the above-named client. I/We guarantee the payment of the said fees and agree with the terms of the agreement.

Your name:

Position (Companies only)

Client/Representatives Signature:

Please confirm your preferred method of Communication (please tick one):

Email ☐

Post ☐

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Date:

Any additional clients/representatives please sign and date her