

# The Fingerprint Inquiry | Scotland

## APPLICATION FOR AN AWARD IN RESPECT OF COMPENSATION FOR LOSS OF TIME

You should use this form to apply for an award in respect of compensation for loss of time incurred in attending the Inquiry to give evidence or to produce any documentation or other thing, or otherwise in relation to the Inquiry.

When you fill in this form, you will need to look at the Notes for Applicants. You will find details there about the type of information the Chairman will need in order to come to a decision about your application. This Form, the Notes and information about the Inquiry are on the Inquiry website [www.thefingerprintinquiryscotland.org.uk](http://www.thefingerprintinquiryscotland.org.uk).

When complete, please send the form  
by email to [info@thefingerprintinquiryscotland.org.uk](mailto:info@thefingerprintinquiryscotland.org.uk) ; or  
by post to The Fingerprint Inquiry  
PO Box 23902  
44 Drumsheugh Gardens  
Edinburgh  
EH3 1AB

### PLEASE COMPLETE IN BLOCK CAPITALS

#### PART I

#### ABOUT YOU

##### (a) Your details

1. Your Name:

2. Your Address (including postcode):

3. Your telephone number(s): (Daytime)   
(Evening)

4. E-mail (if available):

5. Your Bank Details

Name and Address of Bank

Account Number

Sort Code

Roll Number (if applicable)

**(b) Your Recognised Legal Representative**

If you have appointed a lawyer to represent you, (and you are not already a Core Participant) please provide their details as follows:-

His/her name:

Professional address:

Business telephone number:

E-mail address:

**PART II**

**Details of the loss**

Please provide as much information as possible about the loss in the table overleaf and attach any proof of the loss here.

Date	Details of loss

**Part III**

**Declaration**

I certify that the information given in this application form is to the best of my belief and knowledge true and correct.

Your signature  Date