Request for deposit
(Life Assurance Companies Act 1896)

CFO 106
(12.11)

Policy number

Name of life assurance company

Name of person whose life is covered

Name of court

Details of funds to be deposited	**Amount**

Notes
A sealed copy of the affidavit or witness statement filed in accordance with rule 37.4 of the Civil Procedure Rules 1998 must accompany this request.

Court seal

Signed

Date

Give the name, address and reference of **the person who will make the deposit**

Name

Address

Postcode

Ref.

Give the name, address and reference of **the person filing this form**

Name

Address

Postcode

Ref.

How to contact the Court Funds Office

Customer Helpline
0845 223 8500

Email
enquiries@cfo.gsi.gov.uk

Address
Court Funds Office
Glasgow
G58 1AB

Court Funds Office
DX 501757
Cowglen

How to pay
Cheques must be made payable to:
Accountant General of the Senior Courts

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