

Schedule 2

CLAIMANT CERTIFICATION

I

| | |
|-------------------|--|
| Full name: | |
|-------------------|--|

An employee of

| | |
|------------------------------|--|
| Name of organisation: | |
|------------------------------|--|

CERTIFY THAT:

We have provided to the Medical Panel all documents in the claimants' and our possession that relate to the medical question including any imaging and other investigation results and details of medications.

| | |
|------------------------------|--|
| Signature: | |
| Date: | |
| Position: | |
| For and on behalf of: | |