I, [Claimant Name] confirm that I have authorised [Representative Name] to continue to act on my behalf and pursue a further claim against [name of firm(s)/other parties]. Therefore, I request a reassignment of my rights in order to allow me to pursue this/these claim(s).

Signed ………………………………………………………………..

Name ………………………………………………………………..

Dated ………………………………………………………………..