



CHANGE OF LEGAL REPRESENTATIVE FORM

**DOW CORNING / BRITISH COLUMBIA AND OTHER PROVINCES
BREAST IMPLANT LITIGATION SETTLEMENT**

IDENTIFICATION OF CLAIMANT					
BC Registration Number:	Deloitte File Number:	Date of Birth			
		Day	Month	Year	
Surname:		First Name:			
LEGAL REPRESENTATIVE INFORMATION					
Old Legal Representative:	Surname:		First Name:		
	Legal Firm Name:				
New Legal Representative	Surname:		First Name:		
	Legal Firm Name:				
	Street or PO Box:				
	City:	Province/State/Territory:		Postal Code:	
	Telephone Number		Fax Number		
	Area Code:	Number:	Area Code:	Number:	
	Email address:				

Dated this _____ day of _____, 200__

Signature

Please print name of signatory

All Change of Legal Representative Forms should be faxed to the Claims Facility at 1-866-732-9160.
If you are an on-line claims administration system user, you can change your legal representative's details at any time by selecting "Edit my Contact Information" within the secure section of the website.