

TERMINATION OF MANDATE

I, the undersigned

_____ **I.D.No:** _____

*Do hereby terminate the Mandate of _____ in respect of my instruction given to them to institute a third party claim against the Road accident Fund, regarding my claim due to injuries sustained by mein a motor vehicle collision on the _____ at _____ and hereby confirm the mandate of **MARK WILLIAMS Attorneys** as my newly appointed Attorneys of Record.*

Dated at East London on this ____ Day of _____ 2013.

CLAIMANT

AS WITNESSES

1. _____

2. _____