

# Request for deposit

(Life Assurance Companies Act 1896)

CFO 106  
(05.20)

Policy number

Name of life assurance company

Name of person whose life is covered

Name of court

Details of funds to be deposited	Amount
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## 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

0300 0200 199

### Email

enquiries@cfo.gov.uk

### Address

Court Funds Office  
Sunderland  
SR43 3AB

Court Funds Office  
DX 328004  
Sunderland 19

### How to pay

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

For full details of how your information is used please see our privacy notice at <https://www.gov.uk/government/collections/court-funds-office-forms> or contact CFO who will provide you with a copy.