|  |  |
| --- | --- |
| **Counsel Name:** |  |
| **Address:** |  |
| **DX:** |  |
| **Email:** |  |
| **Phone:** |  |
| **VAT number:** |  |

|  |  |  |
| --- | --- | --- |
| **CSSO File Reference:** | **Date of Fee Note:** | **Fee Note Number:** |
|  |  |  |
|  | | |
| **CSSO File Title:** |  | |
| **CSSO Legal Officer:** |  | |

| **Date of Service** | **Description of Service** | **Fee sought (excluding VAT)** |
| --- | --- | --- |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Sub-total fees:** | |  |
| **Total VAT:** | |  |
| **Balance due:** | |  |