



Global Legal Solutions®

# GLS Template – Legal Services Request

Advanced Format

2024 | Private & Confidential



## FORM 1 | LSRF FOR MISCELLANEOUS SUPPORT

| REQUEST TO GROUP LEGAL FOR ASSISTANCE                                                                                                                                    |                          |     |                                                      |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|------------------------------------------------------|---------|
| [note: all fields <b>MUST</b> be completed as we need the information to provide effective assistance]<br>Please ensure that each response field retains its formatting. |                          |     |                                                      |         |
| Matter Name / ID                                                                                                                                                         |                          |     |                                                      |         |
| Date of Instruction                                                                                                                                                      |                          |     |                                                      |         |
| Date for feedback from Group Legal                                                                                                                                       |                          |     |                                                      |         |
| Is the Matter urgent                                                                                                                                                     | Yes                      |     | No                                                   |         |
| INSTRUCTING BUSINESS UNIT                                                                                                                                                |                          |     |                                                      |         |
| Department or business unit name<br>(e.g. Infrastructure Business Support)                                                                                               |                          |     |                                                      |         |
| Primary contact person                                                                                                                                                   |                          |     |                                                      |         |
| Contact Details                                                                                                                                                          | Tel                      |     | Email                                                |         |
| Address to which invoices must be sent<br>(Physical, Email)                                                                                                              | Department name          |     |                                                      |         |
|                                                                                                                                                                          | Recipient name           |     |                                                      |         |
|                                                                                                                                                                          | Physical Address         |     |                                                      |         |
|                                                                                                                                                                          | Email Address            |     |                                                      |         |
| Responsible Business Unit Director                                                                                                                                       |                          |     |                                                      |         |
| Name of director / head of dept who will sign sign-off sheet                                                                                                             |                          |     |                                                      |         |
| Designation / Title<br>(e.g. Head: Risk Technology)                                                                                                                      |                          |     |                                                      |         |
| Are you a regular user of Group Legal?                                                                                                                                   | Yes                      |     | No                                                   |         |
| MATTER DETAILS                                                                                                                                                           |                          |     |                                                      |         |
| Client's Instructions to Group Legal                                                                                                                                     |                          |     |                                                      |         |
| Required Deliverables<br><br>Please identify each deliverable required for a successful conclusion to this matter                                                        | Deal/project structuring | Y/N |                                                      |         |
|                                                                                                                                                                          | Negotiation support      | Y/N |                                                      |         |
|                                                                                                                                                                          | First draft document(s)  | Y/N |                                                      |         |
|                                                                                                                                                                          | Document review          | Y/N |                                                      |         |
|                                                                                                                                                                          | Advice memo              | Y/N |                                                      |         |
|                                                                                                                                                                          | Other                    | Y/N |                                                      |         |
| Required Deliverables (Other)<br><br>If you selected "other" above, please identify exact deliverables required for a successful conclusion to this matter               |                          |     |                                                      |         |
| Meeting Attendance<br><br>Do you require a Group Legal team member to attend meetings in relation to this matter                                                         | Y/N                      |     | If "Yes", estimate total duration of such attendance | [ ] hrs |