

MEDICAL MANDATE

I, *Linda Ann Carroll* date of birth, *6-2-63*  
residing at, *8-8/2 LENY STREET FERRIS HILL GLASGOW G20 7SY*

hereby authorise the release of all medical records/documents relating to me to my solicitors,

Aiker Legal Ltd, 4a Edison Court, Elice Way, Technology Park, Wrexham, LL12 7YT

SIGNED: *Linda Ann Carroll*

DATED: *25/9/2025*