

MEDICAL MANDATE

I, *COLIN HOWE* date of birth, *27/11/1988*
residing at, *21 Oak Road*

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, LL13 7YT

SIGNED: *CHowe*

DATED: *1/11/2025*