

2. For each Employer that exposed you to asbestos listed above, please provide as detailed a description as possible of the activities that led you to being exposed to asbestos dust and fibres.

EMPLOYER	DESCRIPTION OF ACTIVITY WHERE EXPOSURE TOOK PLACE

If yes, when did you claim?.....

If you have ever previously obtained legal advice in connection with your asbestos exposure please give contact details below.

Name:.....

Address:.....

.....

Reference (if known):.....

I confirm the content of this statement is true. I also confirm that I consent to this information being stored on a database and shared with others including other law firms instructed by the Union. The use of this data will be solely for the purpose of assisting personal injury claims on behalf of you or others who have been exposed to asbestos.

If you require legal assistance as a result of your asbestos exposure or any other injury you should contact your GMB office at Grove Hall, 60 College Grove Road, Wakefield, WF1 3RN or phone 0845 337 7777.

Signed Date