GLS Template

Legal Services Request Form | Short

2020 | Private & Confidential



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| **REQUEST TO GROUP LEGAL FOR ASSISTANCE**  **[note: all fields MUST be completed as we need the information to provide effective assistance]**  **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**  (e.g. Infrastructure Business Support) |  | | | | | | | | |
| **Primary contact person** |  | | | | | | | | |
| **Contact Details** | **Tel** |  | | **Fax** |  | | **email** |  | |
| **Address to which invoices must be sent** (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**  (e.g. Head: Risk Technology) |  | | | | | | | | |
| **MATTER DETAILS** | | | | | | | | | |
| **Client’s Instructions to Group Legal** |  | | | | | | | | |
| **Required Deliverables**  Please identify precise deliverables required for a successful conclusion to this matter |  | | | | | | | | |
| **Matter Background** |  | | | | | | | | |
| **Contentious Issues**  Please identify any matter sensitivities to be observed |  | | | | | | | | |
| **Matter Value**  Please provide estimate financial value of this matter to the business unit |  | | | | | | | | |
| **Related Documentation**  Please attach all relevant documentation |  | | | | | | | | |
| **COUNTERPARTY DETAILS**  **(if applicable)** | | | | | | | | | |
| **Counter Party Name** |  | | | | | | | | |
| **Applicable business unit name** |  | | | | | | | | |
| **Primary contact person** |  | | | | | | | | |
| **Designation / Title** |  | | | | | | | | |
| **Contact Details** | **Tel** |  | | **Fax** |  | | **email** |  | |
| **Address to which invoices must be sent** (Physical, Email) | **Department name** | | | |  | | | | |
| **Recipient name** | | | |  | | | | |
| **Physical Address** | | | |  | | | | |
| **Email Address** | | | |  | | | | |

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| --- | --- |
| **BU info to CIB IT Contract Management**  (Please provide SAP IO & Application# applicable to this agreement) | |
| **CTB Budget approved**  (Project Management) | **SAP IO#**  Project Name: |
| **RTB Budget approved** | **APPLICATION#**  Application Name: |
| This information will be necessary to link contracts to budget reports | |