

POWER OF ATTORNEY & AUTHORIZATION

I, the undersigned,
of
(my duly nominated *domicilium citandi et executandi*) do hereby nominate and appoint
WENDY TETANI – ID No. 670 511 0306 089
4C NOMPONDO STREET, JOZA, GRAHAMSTOWN
JOHN BURRIDGE SCOTT
(hereinafter my/the "Attorney")

with the power of substitution, to be my lawful Attorney and in my name to institute a claim on my behalf in terms of the Road Accident Fund for the loss and/or damages suffered by me in my personal and/or representative capacity in consequence of injuries sustained in a motor vehicle collision which occurred on/at:

N2, COMMITTEES, GRAHAMSTOWN, EASTERN CAPE
on/ about the 14/07/2012. Furthermore, I authorize the abovementioned Attorney to institute proceedings in any Court having jurisdiction against the Road Accident Fund for the recovery of any and all loss and/or damages and/or costs of suit suffered by me in my personal and/or representative capacity as a consequence of injuries sustained by me/ my lawful dependant/s in a motor vehicle collision as abovementioned. I acknowledge and confirm that I have supplied the Attorney with a *domicilium citandi et executandi* where same will be able to communicate with me at any relevant time, and that should the aforementioned *domicilium citandi et executandi* for whatever reason change, then I acknowledge my responsibility to inform the said Attorney of my new *domicilium citandi et executandi* in writing.

I further authorize the abovementioned Attorney to negotiate and accept on my behalf any reasonable offer made by the Road Accident Fund, to pay all fees of Counsel, doctors, specialists, hospitals and witnesses, to make any and all payments whatsoever which may be necessary and desirable for the proper conduct of my claim/s, to proceed with the final end and determination thereof, and generally for effecting the purposes as aforesaid, to do or cause to be done, whatsoever shall be requisite, as fully and effectively to all intents and purposes as I might do if personally present and acting therein. All disbursements made on my behalf by the Attorney will attract interest at eighteen percent per annum from date of payment to date of reimbursement. I consent to being charged an all-inclusive attorney/client success fee of twenty five percent of my total award, alternately as per Addendum A annexed hereto, over and above any cost contribution made by the Road Accident Fund. Should I, for whatever reason, terminate my mandate, I consent to being charged fees in accordance with the non-litigious tariff of the Law Society of the Cape of Good Hope. I hereby ratify, confirm, agree and promise to ratify, confirm and agree with and/or to all and whatsoever my said Attorney shall lawfully do or cause to be done by virtue of these presents. By appending my signature hereto, I terminate the mandate of any other attorney/ firm of attorneys instructed by me to institute a claim as aforementioned, and consent to my Attorney settling their reasonable account from the proceeds of any settlement I might receive from the said Road Accident Fund.

I do hereby authorize and consent in so far as I may be called upon to do so, to the inspection of all my medical and/or hospital records and x-ray photographs by my Attorney and/or the ROAD ACCIDENT FUND pertaining to the damages suffered by me in my personal and/or representative capacity as a consequence of injuries sustained by me/my lawful dependant/s as set-out above, and which may be in the possession of any hospital, nursing institution, medical practitioners offices and/or any other person, arising out of the collision as aforesaid. Furthermore, I authorize my Attorney as aforementioned to sign the MMF1 Claim Form and/or any other documents pursuant to finalizing my claim, including any Discharge Form that may be received from the Road Accident Fund.

DATED at PORT ELIZABETH on this the 13th day of AUGUST 2012

WITNESSES:





WENDY TETANI