



TESTIMONIAL REQUEST

Company \_\_\_\_\_ has applied to become a member of the Pagination Accredited Group of Experts (PAGE): <https://pagination-accreditation.co.uk/>

As part of their application, they are required to provide testimonials from businesses and individuals who use their bundles in live cases. This is to ensure that members of PAGE are individually assessed on all aspects of their business practice before becoming accredited.

Please could you answer the following questions regarding the quality of work they have completed for you.

1. How long have you been instructing the applicant?

Table with 5 columns: <6 months, 6-12 Months, 1-2 Years, 2-3 Years, >3 Years

Empty response row for question 1

2. How many cases has the applicant prepared for you in the past 6 months?

Table with 5 columns: 1-5, 5-10, 11-20, 21-30, >30

Empty response row for question 2

3. Is the completed work returned to you within the agreed timeframe?

Table with 5 columns: Always, Mostly, Sometimes, Never, (empty)

Empty response row for question 3

4. On a scale of 1 to 5: How were your requirements met?

Table with 5 columns: 1, 2, 3, 4, 5

← Not at all | Excellent →

5. Would you recommend the applicant to other law firms?

Table with 2 columns: Yes, No

Empty response row for question 5



**Would you like to provide any additional information?**

If you wish, please provide a short testimonial on the quality of the medical bundle provided by the applicant. Please include anything that you feel may be relevant to our assessor such as the level of detail, accuracy, and presentation of the bundle.

I confirm the information on this testimonial document is a true representation of the service provided by the applicant. My answers are to the best of my knowledge, true and unbiased.

Signature of Attestant: \_\_\_\_\_

Name:

Company:

Date:

In very rare circumstances our independent assessor may wish to speak to you to confirm your testimonial. Please provide your contact number.

Phone number: