

**CLIENT INFORMATION FORM – INDIVIDUALS**

Client details: First Person			
Title:	Mr	Mrs	Miss Ms Dr Other (please specify)
Full Name:			
Marital Status:	Married	De Facto	Divorced Widowed/Widower Single
Date of Birth:			
Occupation:		IRD Number:	
Physical Address:		Postal Address:	
	Post Code:		Post Code:
Phone (Hm):		Phone (Wk):	1.
Phone (Mob):	1.		2.
	2.	Facsimile:	
Email:			
Can we contact you at work: Yes / No			

Client details: Second Person			
Title:	Mr	Mrs	Miss Ms Dr Other (please specify)
Full Name:			
Marital Status:	Married	De Facto	Divorced Widowed/Widower Single
Date of Birth:			
Occupation:		IRD Number:	
Physical Address:		Postal Address:	
	Post Code:		Post Code:
Phone (Hm):		Phone (Wk):	1.
Phone (Mob):	1.		2.
	2.	Facsimile:	
Email:			
Can we contact you at work: Yes / No			

**AUTHORITY:**

- I/We understand that this information will be shared with and held by Walker Murdoch Law Ltd maintaining an account for me/us.
- I/We agree to provide extra information if asked and if my/our circumstances change or the information becomes incorrect; I/we will promptly provide updated information.
- I/We authorise and give consent to Walker Murdoch Law Ltd to give any information provided by or about me/us to New Zealand Government Departments as Walker Murdoch Law Ltd may be required to by law.
- I/We confirm that the above declaration extends to information that I/we may provide after signing this form.
- I/We confirm that the above information is true and correct to the best of my/our knowledge.
- I/We authorise Walker Murdoch Law Ltd to obtain and exchange credit references about me/us.
- I/we sign below as a duly authorised person/s.

Signature/s:	
Name/s:	
Date:	