

AUTHORITY TO ACT - to be completed by each client

Full, correct names	Forename(s)				
	Current surname		Title		
	Previous surname		Marital status		
Telephone number(s)	Home	Work	Mobile		
Email address (if we should use this)					
<i>Tick here to be included on our email newsletter list</i>		<i>See our privacy policy at www.nelsonslegal.co.uk/privacy-policy</i>			
Full permanent address					
			Post code		
Contact address (if different) and, if different: please explain why your permanent address is not being used					
			Post code		
Please indicate how you prefer to receive progress reports:					
		Text		Email	
				Phone	
					Post

- I authorise you to act for me / my company, _____ Limited, on the basis of your terms of business (ref 01/14) and I personally guarantee the company's obligations to you
- *Delete or complete as appropriate:* I confirm that you can accept instructions *from me only* **or** *from* _____ *as well as from me*
- You may keep and process my personal data to enable you to provide legal services including advising and acting on behalf of me/us/my company, and to maintain your own accounts and records, promote your services and support and manage your employees
- I want work to start immediately, rather than waiting for the 7-day "cooling off period" otherwise required under the Distance Selling Regulations *[delete if not applicable]*

Photo ID **Please call at our office during normal office hours (9am to 5pm, Monday to Friday, except public holidays) with your passport or photocard driving licence to deal with this – it will take only a couple of minutes, and no appointment is needed. If this is not convenient, please tell us, so that we can make other arrangements**

Signed

Dated