

KUTTY SYED & MOHAMED

Barristers & Solicitors

CLIENT QUESTIONNAIRE

FOR OFFICE USE ONLY

Re: _____ FILE NO: | | | | | | | | | |
DATE OPENED (dd-mm-yyyy): | | | | - | | | - | | | | | | | | | |
DATE CLOSED (dd-mm-yyyy): | | | | - | | | - | | | | | | | | | |

1st CLIENT'S NAME: MR[] MRS[] MISS[] MS[]
LAST:
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FIRST:
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2nd CLIENT'S NAME: MR[] MRS[] MISS[] MS[]
LAST:
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FIRST:
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1st CLIENT'S TELEPHONE NUMBER:
HOME:
(| | |) - | | | | - | | | | | | | | | |
FAX:
(| | |) - | | | | - | | | | | | | | | |
BUSINESS:
(| | |) - | | | | - | | | | | | | | | |
FAX:
(| | |) - | | | | - | | | | | | | | | |

2nd CLIENT'S TELEPHONE NUMBER:
HOME:
(| | |) - | | | | - | | | | | | | | | |
FAX:
(| | |) - | | | | - | | | | | | | | | |
BUSINESS:
(| | |) - | | | | - | | | | | | | | | |
FAX:
(| | |) - | | | | - | | | | | | | | | |

1st CLIENT'S ADDRESS:
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CITY:
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PROVINCE/STATE: POSTAL / ZIP CODE:
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COUNTRY:
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2nd CLIENT'S ADDRESS:
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CITY:
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PROVINCE/STATE: POSTAL / ZIP CODE:
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COUNTRY:
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1st CLIENT'S MAILING ADDRESS (IF DIF. FROM ABOVE)
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CITY:
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PROVINCE/STATE: POSTAL / ZIP CODE:
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COUNTRY:
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2nd CLIENT'S MAILING ADDRESS (IF DIF. FROM ABOVE)
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CITY:
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PROVINCE/STATE: POSTAL / ZIP CODE:
| | | | | | | | | | - | | | | | | | | | |
COUNTRY:
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1st CLIENT'S DATE OF BIRTH:
dd-mm-yyyy
| | | | - | | | - | | | | | | | | | |

2nd CLIENT'S DATE OF BIRTH:
dd-mm-yyyy
| | | | - | | | - | | | | | | | | | |

REFERRED BY: _____

PARTICULARS FOR INVITATION LETTER
(Please print in BLOCK LETTERS):

1) Name(s) of people being invited:

2) Passport Numbers of People Invited:

3) Address of People Invited:

4) Relevant information about the people or person invited (what job they do; do they own businesses or properties, do they have family in the home country) etc.:

5) Reason for Visit:

6) Name(s) of people signing the invitation letter (must all appear in person):

7) Relevant information about the person(s) inviting (job letter and/or information; bank balances; whether you own property here etc.):

8) Have they Visited Canada Before or Any Other Country (Please provide details):

9) Length of Visit:

10) Any Other Relevant Information:

CONTACT NAME & CONTACT'S PHONE NUMBER IN CASE OF EMERGENCY:

_____ (| | |) - | | | | - | | | | |

FOR OFFICE USE ONLY

PHOTO ID: DRIVER'S LICENSE [] or NEW HEALTH CARD [] or STUDENT/EMPLOYEE ID [] or OTHER []
2ND ID: SOCIAL INSURANCE [] or HEALTH CARD [] or MAJOR CREDIT CARD [] _____ or OTHER []
MATTER: _____

ESTIMATED FEE: _____ RETAINER: _____