

# KUTTY SYED & MOHAMED

## Barristers & Solicitors

### CLIENT QUESTIONNAIRE

FOR OFFICE USE ONLY

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

1<sup>st</sup> CLIENT'S NAME: MR[ ] MRS[ ] MISS[ ] MS[ ]  
LAST:  
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FIRST:  
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2<sup>nd</sup> CLIENT'S NAME: MR[ ] MRS[ ] MISS[ ] MS[ ]  
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1<sup>st</sup> CLIENT'S TELEPHONE NUMBER:  
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FAX:  
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2<sup>nd</sup> CLIENT'S TELEPHONE NUMBER:  
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1<sup>st</sup> CLIENT'S ADDRESS:  
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PROVINCE/STATE: POSTAL / ZIP CODE:  
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COUNTRY:  
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2<sup>nd</sup> CLIENT'S ADDRESS:  
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PROVINCE/STATE: POSTAL / ZIP CODE:  
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COUNTRY:  
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1<sup>st</sup> CLIENT'S MAILING ADDRESS (IF DIF. FROM ABOVE)  
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COUNTRY:  
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2<sup>nd</sup> CLIENT'S MAILING ADDRESS (IF DIF. FROM ABOVE)  
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COUNTRY:  
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1<sup>st</sup> CLIENT'S DATE OF BIRTH:  
dd-mm-yyyy  
| | | | - | | | | - | | | | | | | | | |

2<sup>nd</sup> CLIENT'S DATE OF BIRTH:  
dd-mm-yyyy  
| | | | - | | | | - | | | | | | | | | |

REFERRED BY: \_\_\_\_\_

**PARTICULARS FOR POWER OF ATTORNEY**  
(Please print in BLOCK LETTERS):

Please note that a power of attorney is an extremely important document and the person you give power to can do everything you can do personally except make a will. You should revoke a power of attorney as soon as the purpose for which you drafted the Power of Attorney are finalized. You must come with two pieces of identification (at least one with a photograph). Acceptable identification include your passport, driver's license, PR Card, etc.

1) Name of the Attorney (the person who you wish to act for you) and Date of Birth:

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2) The purpose of the Power of Attorney:

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3) Address of Attorney:

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4) Any other information we should know:

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5) Your Full Name (as it appears on your identification and property documents if the power of attorney is about real estate):

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6) Name(s) of two witnesses you can bring to the office to witness the execution (if you cannot provide witnesses, we may be able to arrange witnesses at the office depending on the time):

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7) Any restrictions you wish to impose on your attorney:

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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 [ ]  
2<sup>ND</sup> ID: SOCIAL INSURANCE [ ] or HEALTH CARD [ ] or MAJOR CREDIT CARD [ ] \_\_\_\_\_ or OTHER [ ]  
MATTER: \_\_\_\_\_

ESTIMATED FEE: \_\_\_\_\_ RETAINER: \_\_\_\_\_