

CLIENTS' INITIAL INSTRUCTIONS AND AUTHORITY FORM

If you would like **Hubers Law Partners** to act for you please complete the form to provide the information we will need to get started and open your file under the General Data Protection Regulation and the Data Protection Act 2018. We will ask you for more detailed information with our next letter. Where boxes appear simply tick the relevant option or delete as appropriate. Please note, we will consider your instruction as our authority to act for you upon signing this form.

1. **THE TRANSACTION** - You wish us to act on your **matter:**

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2. **CONTACT DETAILS** Please give your full **LEGAL** name and address including postcode for correspondence:

a) Name:

b) Address:

c) Email Address:

d) CLIENT 1. Daytime Tel:.....Mobile Tel :

e) CLIENT 2. Daytime Tel:.....Mobile Tel :

f) National Insurance Number:

g) Kindly confirm your currently main employment:

h) Kindly confirm your currently annual salary:

3. **COMMENTS OR FURTHER INSTRUCTIONS -**

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4. **CLIENTS' INSTRUCTIONS** - I/We wish you to act for me/us in connection with the matter(s) outlined above, subject to your terms and on the basis of the fee estimate you have provided with this form.

(All those named in Section 2 above should please give their FULL names and sign and date below.)

FULL NAME(S)

SIGNATURE(S)

DATE

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