

Our ref:

Re:

CONFIRMATION OF INSTRUCTIONS TO DONNELLY & ELLIOTT Limited Solicitors






I/WE WISH YOU TO ACT FOR ME/US AND ACCEPT YOUR ESTIMATE(S)

1. *Would each client please sign the attached terms of business, complete this form and return both to us.*
2. *For security purposes, we need your date of birth and identification details below.*
3. *Please tick the box if your telephone number is ex-directory*
We never divulge our Clients' information without their consent unless required by law.






JOINT CLIENTS

4. *If you want us to accept further verbal or written instructions from one client only, please tick the YES box below. It will still be necessary for all clients to sign their documents personally.*
5. *Unless you instruct us otherwise all correspondence will be sent to the first address below.*

First Client Details

Signed		Date	
Forenames	Preferred title Mr / Mrs / Ms / Miss		
Surname		Date of birth	
ESSENTIAL Identification	Passport No. or Driving licence No.		
	National Insurance Number		
	Occupation		
Joint Clients	Please accept instructions from any one of us	YES <input checked="" type="checkbox"/>	NO(all to sign) <input checked="" type="checkbox"/>
 Home	<input checked="" type="checkbox"/> ExD	 Work	
 Mobile		 Email	Home
 Fax			Work
Address for all Correspondence			Postcode

Second Client Details *(please contact us if more than two or photocopy this form for additional joint clients)*

Signed		Date	
Forenames	Preferred title Mr / Mrs / Ms / Miss		
Surname		Date of birth	
ESSENTIAL Identification	Passport No. or Driving licence No.		
	National Insurance Number		
	Occupation		
Joint Clients	Please accept instructions from any one of us	YES <input checked="" type="checkbox"/>	NO(all to sign) <input checked="" type="checkbox"/>
 Home	<input checked="" type="checkbox"/> ExD	 Work	
 Mobile		 Email	Home
 Fax			Work
Address if not as above			Postcode

Preferred methods of contact Post Phone : Home Work Mobile Email

*Donnelly & Elliott is the trading name of Donnelly & Elliott Limited Co No 5739075 Registered in England
Registered office 38 Stoke Road Gosport PO12 1JG*

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Re:

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Third Client Details

Signed		Date	
Forenames	Preferred title Mr / Mrs / Ms / Miss		
Surname		Date of birth	
ESSENTIAL Identification	Passport No. or Driving licence No.		
	National Insurance Number		
Joint Clients	Please accept instructions from any one of us	YES <input checked="" type="checkbox"/>	NO(all to sign) <input checked="" type="checkbox"/>
 Home	<input checked="" type="checkbox"/> ExD	 Work	
 Mobile		 Email	Home
 Fax			Work
Address for all Correspondence		Postcode	

Fourth Client Details (please contact us if more than two or photocopy this form for additional joint clients)

Signed		Date	
Forenames	Preferred title Mr / Mrs / Ms / Miss		
Surname		Date of birth	
ESSENTIAL Identification	Passport No. or Driving licence No.		
	National Insurance Number		
Joint Clients	Please accept instructions from any one of us	YES <input checked="" type="checkbox"/>	NO(all to sign) <input checked="" type="checkbox"/>
 Home	<input checked="" type="checkbox"/> ExD	 Work	
 Mobile		 Email	Home
 Fax			Work
Address if not as above		Postcode	

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