

# authority to act

TO BE COMPLETED BY EACH CLIENT OR OFFICER OF THE COMPANY

Full, correct names  
forename(s)  Title

Correct surname

Previous surname

Date of birth  National Insurance No.

Place of birth  Occupation

Telephone numbers Home  Work  Mobile

Email address

Full permanent address

Post town  Post code

Contact address  
(If different)  
and, if different please explain  
why your permanent address  
is not being used

Post town  Post code

- I authorise you to act for me / my company  limited on the basis of your terms of business (ref 01/08) 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 for providing legal services, debt administration and maintaining accounts and records
- 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]
- I want to place a limit of £  [complete if required] (plus vat and expenses) on the fees - do not carry out further work without telling me, so that i can stop further work if i want

Photo ID: Please supply the original of your full, current passport or a photo-card driver's licence - we will copy it and return it promptly by courier, unless you tick this box to confirm you do not want us too

**for office use only**  
Face-to-face meeting on \_\_\_\_\_ with \_\_\_\_\_  
Normal/Extra CML search result Yes / Refer / No match attached  
Database updated \_\_\_\_\_ by \_\_\_\_\_

Signed   
Date