

Authority to Act

File Reference:

Client ID:

Client Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Matter or Service Instructed:

Identification Provided

ID Type (e.g. Passport, DL):

ID Number:

ID Expiry Date:

Preferred Contact Person (if not client)

Name:

Relationship to Client:

Phone / Email:

■ I acknowledge Richards Law will collect and hold my personal information in accordance with its privacy policy and applicable law.

Client Signature:

Date: