Client Communications Questionnaire

We want to make sure we understand how you would like us to communicate with you. To help us do that, please provide the information requested below, and add any further comments at the end of the form. If you decide not to express a preference then your solicitor will simply contact you as and when appropriate, using their professional judgment.

appropriate, us	sing their professional judgment.	,	•	
	nilst we will endeavour to follow any preferenc of your choices here. A departure from these p			
SECTION 1 TO BE	COMPLETED BY THE FIRM			
1. Your solicitor's	s contact details:	If your solicitor cannot b	e reached please contact:	
Name		Name		
Office address		Office address		
	Postcode		Postcode	
Telephone No		Telephone No		
Mobile No		Mobile No		
Email		Email		
Working hours		Working hours		
Client 1 Name		Client 2 Name		
Address		Address		
	Postcode		Postcode	
Telephone No		Telephone No		
Mobile No		Mobile No		
Email		Email		
	Iternative contact we should use when authorised by you to provide instruction		vide their details and confirm	
Name				
Address				
Telephone No		Mobile No		
Email				
Relationship to you	1	Permitted to give instructions?		

If you have told us that the person named above is authorised to give instructions in your stead then this shall form part of your formal instructions to us and our letter of engagement and terms of business are modified to that effect.

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4. Please tick each means of commun solicitor may use to contact you:	nication your	5. Timings of communications – please indicate whether there are specific times you would be happy to receive	
Phone		communications from your solicitor. Please note that we cannot guarantee contact with our staff outside	
Email		office hours.	
Video conference		Office hours only	
In writing			
Online portal		Between these times:	
Text message			
6. Do you have any additional comme	ents or instructions rega	arding contact with you	ı:

Please return this along with the copy of our letter of engagement signed by you.