



Anja Klinkert
LAWYER & MEDIATOR

FULL NAME:			
DATE OF BIRTH:		PHOTO ID TYPE: Please bring with you	
PHYSICAL ADDRESS: Please bring proof of this with you			
POSTAL ADDRESS: Please bring proof of this with you			
HOME PHONE NO.		WORK PHONE NO.	
MOBILE PHONE NO.		FAX NO.	
PERSONAL EMAIL:		WORK EMAIL:	
PREFERRED METHOD OF CONTACT: (EMAIL OR TELEPHONE)			
PREFERRED METHOD OF RECEIVING CORRESPONDENCE: (EMAIL OR POST)			
FULL NAME OF NEXT OF KIN / EMERGENCY CONTACT:			
ADDRESS OF NEXT OF KIN / EMERGENCY CONTACT:			
PHONE NUMBERS OF NEXT OF KIN / EMERGENCY CONTACT:		LANDLINE: MOBILE:	
IRD NO.		NAME OF OTHER PARTY (FOR CONFLICT CHECK)	
OCCUPATION:			
FULL NAME/S & DATE(S) OF BIRTH OF CHILD/CHILDREN:			
DO YOU HAVE A CURRENT WILL		DO YOU HAVE A POWER OF ATTORNEY	
		NAME OF POWER OF ATTORNEY	
DO YOU HAVE A FAMILY TRUST		NAME OF TRUST	
ARE YOU A DIRECTOR / SHAREHOLDER OF A COMPANY		COMPANY NAME	
COMPANY GST NO.		NAME OF YOUR ACCOUNTANT	
		ACCOUNTING FIRM	
WHAT HAS BROUGHT YOU TO ANJA KLINKERT LAWYER & Mediator?			
WHAT DO YOU HOPE TO ACHIEVE?			
YOU SHOULD HAVE RECEIVED THE FOLLOWING FOR YOUR RECORDS (please alert us if you have not)		> Information for Clients > Standard Terms of Engagement > Completed & Signed Letter of Engagement > Signed & Dated Authority for Disclosure Have your current photo id with you Have proof of your current address with you	
YOU SHOULD HAVE COMPLETED, SIGNED & RETURNED THE FOLLOWING TO ANJA KLINKERT LAWYER & MEDIATOR AT YOUR FIRST APPOINTMENT			