

CLIENT REGISTRATION FORM

Title	
Surname (BLOCK CAPITALS)	
Forenames (BLOCK CAPITALS)	
Date of Birth	
Full Address	
Postcode	
Time at this address?	
Previous address if less than two years - Full Address	
Postcode	
Time at this address?	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
Email address	
National insurance number	
Are you an existing client?	
How did you hear about TDLS?	

DECLARATION

I/we instruct The Deans Legal Services to act on my/our behalf in accordance with the information provided herewith.

Signed

Dated

Signed

Dated

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PLEASE BE AWARE OF CYBER CRIME AND EMAIL SCAMS. THE INFORMATION YOU HAVE PROVIDED ABOVE WILL BE UTILISED WHEN SENDING OUT PAYMENTS TO YOU. ANY ALTERATION TO THE INFORMATION WILL BE REQUIRED IN WRITING AS WE WILL NOT ACCEPT EMAIL INSTRUCTIONS CHANGING BANK DETAILS.

CYBER CRIME IS BECOMING MORE SOPHISTICATED AND PREVALENT. FOR YOUR OWN PROTECTION WE WOULD ASK THAT YOU RETURN THE ORIGINAL COMPLETED AND SIGNED FORM TO US. THIS WILL ENSURE THAT BANK ACCOUNT DETAILS CANNOT BE TAMPERED WITH.