

Client Registration Form

Alice Lawyers

Barristers & Solicitors

Office use only

File reference number:

Date:

Client Details

Occupation:

Name: IRD: Phone no.

Name: IRD: Phone no.

Email:

Home Address:

(If client is a company/ trust)

Company / Trust name:

IRD / GST:

Name of **Director / Nominee** or **Trustee / Beneficiary**

Full Name: IRD: NZ Resident or Citizen: Y / N

Full Name: IRD: NZ Resident or Citizen: Y / N

25% Shareholder/Trustee/Beneficiary are NZ Residents or Citizens? Y / N

Overseas Postal Address (if applicable):

Client's general instructions or comments

Client Signature: **Date:**

Client Signature: **Date:**